

Schedule **A**  
(Form 990 or 990-EZ)

Department of Treasury  
Internal Revenue Service

**Public Charity Status  
and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attached to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2025**

Open To Public Inspection

Name of the organization:

REFUGEE HOPE UPSTATE INC

Employer identification number:

92-2970370

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii).
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 12a  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - 12b  Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - 12c  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - 12d  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - 12e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - 12f Enter the number of supported organizations: 0
  - 12g Provide the following information about the supported organization(s).

(I) Name of supported organization	(II) EIN	(III) Type of organization (described in line 1-10 above)	(IV) Is the organization listed in your governing document?	(V) Amount of monetary support	(VI) Amount of other support
------------------------------------	----------	---	---	--------------------------------	------------------------------

-- none --

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) >		(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$ 0	\$ 0	\$ 0	13172	\$ 116128	\$ 129300
2	Tax revenues levied for the organizations benefit and either paid to or expended on its behalf	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0
4	<b>Total.</b> Add lines 1 through 3	\$ 0	\$ 0	\$ 0	13168	\$ 116128	\$ 129296
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						\$ 0
6	<b>Public support.</b> Subtract line 5 from line 4						\$ 129296

### Section B. Total Support

Calendar year (or fiscal year beginning in) >		(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7	Amounts from line 4	\$ 0	\$ 0	\$ 0	13168	\$ 116128	\$ 129296
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0
11	<b>Total support.</b> Add lines 7 through 10						\$ 129296
12	Gross receipts from related activities, etc. (see instructions)						\$ 0
13	<b>First five years.</b> If the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

### Section C. Computation of Public Support Percentage

14	Public support percentage for 2025 (line 6, column (f) divided by line 11, column (f))						100 %
15	Public support percentage from 2024 Schedule A, Part II, line 14						100 %
16a	<b>33 1/3% support test—2025.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
16b	<b>33 1/3% support test—2024.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2025.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
17b	<b>10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						<input type="checkbox"/>

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

### Section A. Public Support

Calendar year (or fiscal year beginning in) >		(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organizations tax-exempt purpose	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0
4	Tax revenues levied for the organizations benefit and either paid to or expended on its behalf	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0
5	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$ 0	\$ 0	\$ 0	0	\$ 0	\$ 0

<b>6</b>	<b>Total.</b> Add lines 1 through 5	\$	0	\$	0	\$	0	\$	0	\$	0	<b>0</b>
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons	\$	0	\$	0	\$	0	\$	0	\$	0	<b>0</b>
<b>7b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	\$	0	\$	0	\$	0	\$	0	\$	0	<b>0</b>
<b>7c</b>	Add lines 7a and 7b	\$	0	\$	0	\$	0	\$	0	\$	0	<b>0</b>
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)											<b>0</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) >		(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total					
<b>9</b>	Amounts from line 6	\$	0	\$	0	\$	0	\$	0	\$	0	<b>0</b>
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	\$	0	\$	0	\$	0	\$	0	\$	0	<b>0</b>
<b>10b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	\$	0	\$	0	\$	0	\$	0	\$	0	<b>0</b>
<b>10c</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	\$	0	\$	0	\$	0	\$	0	\$	0	<b>0</b>
<b>11</b>	Net income from unrelated business activities, whether or not the business is regularly carried on	\$	0	\$	0	\$	0	\$	0	\$	0	<b>0</b>
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	\$	0	\$	0	\$	0	\$	0	\$	0	<b>0</b>
<b>13</b>	<b>Total support.</b> Add lines 7 through 10	\$	0	\$	0	\$	0	\$	0	\$	0	<b>0</b>
<b>12</b>	Gross receipts from related activities, etc. (see instructions)											<b>0</b>
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here											<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2025 (line 8, column (f) divided by line 13, column (f))											<b>0 %</b>
<b>16</b>	Public support percentage from 2024 Schedule A, Part III, line 15											<b>0 %</b>

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for 2025 (line 10c, column (f) divided by line 13, column (f))											<b>0.00 %</b>
<b>18</b>	Investment income percentage from 2024 Schedule A, Part III, line 17											<b>0.00 %</b>
<b>19a</b>	<b>33 1/3% support test—2025.</b> If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization											<input type="checkbox"/>
<b>19b</b>	<b>33 1/3% support test—2024.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization											<input type="checkbox"/>
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions											<input type="checkbox"/>

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organizations supported organizations listed by name in the organizations governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	<input type="checkbox"/>	<input type="checkbox"/>

4a	Was any supported organization not organized in the United States (“foreign supported organization”)? If “Yes,” and if you checked 12a or 12b in Part I, answer (b) and (c) below.	<input type="checkbox"/>	<input type="checkbox"/>
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If “Yes,” describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	<input type="checkbox"/>	<input type="checkbox"/>
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If “Yes,” explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	<input type="checkbox"/>	<input type="checkbox"/>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	<input type="checkbox"/>	<input type="checkbox"/>
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
5c	Substitutions only. Was the substitution the result of an event beyond the organization’s control?	<input type="checkbox"/>	<input type="checkbox"/>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If “Yes,” provide detail in Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).	<input type="checkbox"/>	<input type="checkbox"/>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).	<input type="checkbox"/>	<input type="checkbox"/>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If “Yes,” provide detail in Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If “Yes,” answer 10b below.	<input type="checkbox"/>	<input type="checkbox"/>
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	<input type="checkbox"/>	<input type="checkbox"/>
11	Has the organization accepted a gift or contribution from any of the following persons?		
11a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11b	A family member of a person described in (a) above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11c	A 35% controlled entity of a person described in (a) or (b) above? If “Yes” to a, b, or c, provide detail in Part VI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Section B. Type I Supporting Organizations**

1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If “No,” describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<input type="checkbox"/>	<input type="checkbox"/>
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If “Yes,” explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<input type="checkbox"/>	<input type="checkbox"/>

**Section C. Type II Supporting Organizations**

1	Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If “No,” describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<input type="checkbox"/>	<input type="checkbox"/>
---	--	--------------------------	--------------------------

**Section D. All Type III Supporting Organizations**

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	<input type="checkbox"/>	<input type="checkbox"/>
---	---	--------------------------	--------------------------

	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	<input type="checkbox"/>	<input type="checkbox"/>
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	<input type="checkbox"/>	<input type="checkbox"/>

**Section E. Type III Functionally Integrated Supporting Organizations**

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
1a	The organization satisfied the Activities Test. Complete line 2 below.	<input type="checkbox"/>	
1b	The organization is the parent of each of its supported organizations. Complete line 3 below.	<input type="checkbox"/>	
1c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	<input type="checkbox"/>	
2	Activities Test. Answer (a) and (b) below.		
2a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<input type="checkbox"/>	<input type="checkbox"/>
2b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<input type="checkbox"/>	<input type="checkbox"/>
3	Parent of Supported Organizations. Answer (a) and (b) below.		
3a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
3b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

<b>Section A. Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	\$ 0	\$ 0
2	Recoveries of prior-year distributions	\$ 0	\$ 0
3	Other gross income (see instructions)	\$ 0	\$ 0
4	Add lines 1 through 3.	\$ 0	\$ 0
5	Depreciation and depletion	\$ 0	\$ 0
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	\$ 0	\$ 0
7	Other expenses (see instructions)	\$ 0	\$ 0
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	\$ 0	\$ 0
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
1a	Average monthly value of securities	\$ 0	\$ 0
1b	Average monthly cash balances	\$ 0	\$ 0
1c	Fair market value of other non-exempt-use assets	\$ 0	\$ 0
1d	Total (add lines 1a, 1b, and 1c)	\$ 0	\$ 0
1e	Discount claimed for blockage or other factors (explain in detail in Part VI):	\$ 0	\$ 0
2	Acquisition indebtedness applicable to non-exempt-use assets	\$ 0	\$ 0
3	Subtract line 2 from line 1d.	\$ 0	\$ 0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	\$ 0	\$ 0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	\$ 0	\$ 0
6	Multiply line 5 by .035.	\$ 0	\$ 0
7	Recoveries of prior-year distributions	\$ 0	\$ 0

<b>8</b>	Minimum Asset Amount (add line 7 to line 6)	\$	0	\$	0
<b>Section C - Distributable Amount</b>					Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	\$		\$	0
<b>2</b>	Enter 85% of line 1.	\$		\$	0
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	\$		\$	0
<b>4</b>	Enter greater of line 2 or line 3.	\$		\$	0
<b>5</b>	Income tax imposed in prior year	\$		\$	0
<b>6</b>	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	\$		\$	0
<b>7</b>	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).				<input type="checkbox"/>