## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

<u>A</u>	For the	$\simeq$ 2020 calendar year, or tax year beginning $$ OCT $$ 1 , $$ $$ 2 $$ $$ 2 $$ $$ and e	nding $S$	EP 30, 2021				
В	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addres	EVERY THIRD SATURDAY, INC.						
	Name change			81-2658331				
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	-			
	return/ termin- ated			G Gross receipts \$	1,149,951.			
	Ameno	, , , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re				
	Applic tion	F Name and address of principal officer: JESSI MCKENNA		for subordinates				
	pendin	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in				
		empt status: $\boxed{\mathbf{X}}$ 501(c)(3) 501(c) ( ) $\blacktriangleleft$ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions			
		te: ► WWW.EVERYTHIRDSATURDAY.COM		H(c) Group exemption				
	Form of <b>art I</b>	organization: X Corporation Trust Association Other ►  Summary	<b>L</b> Year o	of formation: 2016  N	1 State of legal domicile: MN			
_	1	Briefly describe the organization's mission or most significant activities: SEE S	CHEDU:	LE O				
Governance	<u> </u>							
2	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	sets.			
2	3			3	5_			
٥	4	Number of independent voting members of the governing body (Part VI, line 1b)			5			
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			2			
<u> </u>	6	Total number of volunteers (estimate if necessary)			90			
Ţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	<u> </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
		Ocatality there and avanta (Dout VIII line 11)		Prior Year 277,135.	Current Year 1,103,581.			
Revenue	8	Contributions and grants (Part VIII, line 1h)		0.	0.			
	9	Program service revenue (Part VIII, Inne 2g)		0.	639.			
ď	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-10,797.	4,158.			
	1			266,338.	1,108,378.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,738.	9,119.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		28,443.	137,239.			
ď	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.					
ŭ	آ <sub>17</sub>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		116,658.	282,427.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		146,839.	428,785.			
	19	Revenue less expenses. Subtract line 18 from line 12		119,499.	679,593.			
Net Assets or	Ses		Beg	ginning of Current Year	End of Year			
sets	ਬੂ 20	Total assets (Part X, line 16)		146,446.	1,047,601.			
t As	ਸ਼ੂੰ <b>21</b>	Total liabilities (Part X, line 26)		964.	222,600.			
<u> </u>	∄ 22	Net assets or fund balances. Subtract line 21 from line 20		145,482.	825,001.			
	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is			
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.				
۵.		Signature of officer		Date				
Sig		, ,		Duto				
He	re	TOM MCKENNA, BOARD CHAIRMAN  Type or print name and title						
				Pate Check	X PTIN			
Pai	М	Print/Type preparer's name  LAWRENCE H. MOHR, CPA  LAWRENCE H. MOHR		8/09/22 of self-employ	<u></u> -			
	parer	Firm's name BAKER TILLY US, LLP	, CF  U		39-0859910			
	e Only	Firm's address 225 S 6TH ST #2300		FIIIII S EIIV	<u> </u>			
531	. Jiiiy	MINNEAPOLIS, MN 55402		Phone no 61	2.876.4500			
Ma	v the IC	RS discuss this return with the preparer shown above? See instructions		T Holle Ho. O I	X Yes No			
1416	., 11	to dicease the retain with the property shown above: occiliationistic			100 140			

4d	Other program	services	(Describe	on Sch	iedule	Ο.
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(Expenses \$ 45,033. including grants of \$

Total program service expenses ▶ 348,312.

## Form 990 (2020) EVERY THIRD SATURDAY, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		1
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<b> </b> ₩
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ <sub>37</sub>
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
ızu	, ,	12a		X
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44.		X
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<b>.</b>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3,7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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Form 990 (2020) EVERY THIRD SATURDAY, INC. 81-2658331 Page 4

Part IV Checklist of Required Schedules (continued)

	· (outliness)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	20		Х
00	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		21
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
03300	1 12 23 20	Eorm	990	(วกวก)

#### EVERY THIRD SATURDAY INC 81-2658331 Page 5 Form 990 (2020) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand

Form **990** (2020)

14b

16

X

Х

X

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

excess parachute payment(s) during the year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		**	
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<b> </b>		v
•	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	<u> </u> 9		77
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	116		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ADAM MIKKLESON, TREASURER - 952-322-8768			
	4303 E. 54TH STREET, MINNEAPOLIS, MN 55417			

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c	Pos heck i ss per	more son i	than of the state	n an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JON ENGLER	40.00			.,				0.4.000	•	0
PROGRAM DIRECTOR	0.00			Х				94,000.	0.	0
(2) JESSI MCKENNA	40.00	1						FF 000	0	0
EXECUTIVE DIRECTOR (3) TOM MCKENNA	10.00	-	$\vdash$	Х		$\vdash$		55,000.	0.	0
OARD CHAIRMAN		х						0.	0.	0
(4) SCOTT MARRIER	10.00	<u> </u>						0.	0.	0
BOARD VICE CHAIRMAN		Х						0.	0.	0
(5) DARRELL MARRIER	10.00	<u></u>								
SECRETARY		Х						0.	0.	0
(6) ADAM MIKKELSON	10.00							-	-	
TREASURER		Х						0.	0.	0
(7) TOM SHAVER	10.00									
DIRECTOR	0.00	Х						0.	0.	0
			l							

Par	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hi	ghes	st C	ompensated Employee	s (continued)						
	(A)	(B)				C)			(D)	(E)			(F)			
	Name and title	Average	(do		Pos		ገ than	one	Reportable	Reportable	e Estir			d		
		hours per	box	, unle	ss pe	rson i	is botl	h an	compensation	compensation		amount of				
		week		cer ar	na a a	Irecto	or/trus	itee)	from	from related			other			
		(list any hours for	Individual trustee or director			1			the	organizations	″		ensat			
		related	or di	ee ee			ated		organization	(W-2/1099-MISC	i)		m the			
		organizations	ustee	trust		96	Jben		(W-2/1099-MISC)			•	ınizati relate			
		below	dual tr	tional	١.	yold	st con						nizatio			
		line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgu	nzacio	,,,,		
			_	_	Ŭ	Ť	1				$\dashv$					
			-													
											$\dashv$					
											$\dashv$					
											$\top$					
											$\perp$					
				-		<u> </u>	-				$\dashv$					
											+					
			-													
											_					
	Subtotal								149,000.		0.			0.		
	Total from continuation sheets to Part VI								149,000.		0.			0.		
a	Total (add lines 1b and 1c)							<b>P</b>	•		<u> </u>			0.		
2	Total number of individuals (including but n compensation from the organization	ot iimitea to tri	ose	iiste	u at	JOVE	e) Wi	io re	eceived more than \$100,	000 of reportable				0		
	compensation from the organization												Yes	No		
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on						
	line 1a? If "Yes," complete Schedule J for s	uch individual									L	3		X		
4	For any individual listed on line 1a, is the su															
_	and related organizations greater than \$150											4		X		
5	Did any person listed on line 1a receive or a	•				•			•			_		Х		
Sec	rendered to the organization? If "Yes." comtion B. Independent Contractors	<u>iplete Schedule</u>	∋ <i>J f</i>	or st	ıch į	pers	son				··· L	5		Λ		
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of compe		on fro	m			
	the organization. Report compensation for															
	(A)				_				(B)		_	(C				
	Name and business	address	N	ONE	<u> </u>			$\dashv$	Description of s	ervices		mpen	sation	1		
2	Total number of independent contractors (i	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received me	ore than						
	\$100,000 of compensation from the organic	zation >				(	)						000			
											F	orm S	<b>9U</b> (2	2020)		

art VIII Statement of Revenue
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			Check if Schedule O contains a response	or note to any lin	o in this Dart VIII			
			Check if Schedule O contains a response	or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
					Total Tovolido	function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
an		b	Membership dues 1b					
Ω Ε		С	Fundraising events 1c	24,600.				
fts			Related organizations 1d	,				
Contributions, Gifts, Grants and Other Similar Amounts				26,296.	-			
ns, Sir			ÿ ( / / / / / / / / / / / / / / / / / /	20,250.	-			
ıtio er (		T	All other contributions, gifts, grants, and	050 605				
ĕ				052,685.	-			
d Et		g	Noncash contributions included in lines 1a-1f 1g \$					
a C		h	Total. Add lines 1a-1f	<u></u>	1,103,581.			
				<b>Business Code</b>				
ө	2	а						
vic.		b						
Ser		c						
m S		d						
gra Re								
Program Service Revenue		e						
ц			All other program service revenue		-			
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest					
			other similar amounts)	<b>&gt;</b>	639.			639.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
	Ĭ		Less: rental expenses 6b					
			Rental income or (loss) 6c		-			
			Not worth live and a william					
	_		Net rental income or (loss)  Gross amount from sales of (i) Securities					
	′	а	1, 200 amount nom oard or	(ii) Other	-			
			assets other than inventory 7a					
		b	Less: cost or other basis					
ıne			and sales expenses					
ven		С	Gain or (loss) <b>7c</b>					
Revenue		d	Net gain or (loss)	<b>)</b>				
ē	8	а	Gross income from fundraising events (not					
₽			including \$ 24,600. of					
_			contributions reported on line 1c). See					
			Part IV, line 18	41,238.				
		h	Less: direct expenses 8b		-			
				11,375.	-335.			-335.
	_		Net income or (loss) from fundraising events	<del></del>	333.			333.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns					
		and allowances 10a		9				
		b	Less: cost of goods sold 10k					
_			Net income or (loss) from sales of inventory	<b>&gt;</b>				
			· · · · · · · · · · · · · · · · · · ·	Business Code				
ns	11	а	DONATED GOODS SOLD	900099	4,493.			4,493.
nec	' '	b						_,
Miscellaneous Revenue								
sce Be		C	All other revenue		1			
Ξ̈́			All other revenue		4,493.			
			Total. Add lines 11a-11d		1 100 270	0	^	1 707
	12		Total revenue. See instructions	<u></u>	1,108,378.	0.	0.	4,797.

# Form 990 (2020) EVERY THIRD SATURDAY, INC. 81-2658331 Page 10 Part IX Statement of Functional Expenses

	Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
Total expenses		Check if Schedule O contains a respon-	se or note to any line in	this Part IX		
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign organizations, foreign governments, and foreign individuals. See Part IV, line 22 Grants and other assistance to foreign individuals. See Part IV, line 15 and 16 Banefits paid to or for members Compensation of current officers, directors, trustess, and key employees Linustess, and key employees Linustess and key employees Person plan acrusks and contributions (include section 40 (kl) and 40(b) employer contributions) Person plan acrusks and contributions (include section 40 (kl) and 40(b) employer contributions) Person plan acrusks and contributions (include section 40 (kl) and 40(b) employer contributions) Other employee benefits Fees for services (nonemployees):  a Management b Legal Professional fundraising services. See Part IV, line 17 f Investment management fees Professional fundraising services. See Part IV, line 17 f Investment management fees Other, Italy and the section 40 (kl) and 40(b) organized professional fundraising services. See Part IV, line 17 f Investment management fees Other, Italy and promotion A Accounting  1,880. 1,8		· · · · · · · · · · · · · · · · · · ·	(A) Total expenses	Program service	Management and	Fundraising
2 Grants and other assistance to domestic inchircidus. See Part IV, line V2	1	Grants and other assistance to domestic organizations		·		·
2 Grants and other assistance to domestic inchircidus. See Part IV, line V2		and domestic governments. See Part IV, line 21	7,274.	7,274.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation on individual above to disqualified persons described in section 4958((1)) and expenses and corributions (include section 4910) and 490(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 11 Rese for services (nonemployees): 12 Management 13 Legal 14 Lobbying 15 Payroll taxes 16 Lobbying 17 Investment management fees 17 Investment management fees 18 Other, (If line 11g amount exceds 19% of line 25, column (A) amount, list line 11g expenses on Sch 0). 19 Advertising and promotion 10 Office expenses 14 44, 712. 15 Agyaties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials for insurance 19 Conferences, conventions, and meetings 10 Interest 10 Conferences, conventions, and meetings 11 Individual or entertainment expenses for any federal, state, or local public officials in line 24e expenses on Schedule 0.) 19 DIRECT PROGRAM SERVICES 10 JUPPLIES 10 JUPPLIES 10 LATER AND MAINTENANCE 10 Age 11 Agy 12 Agy 13 Agy 3. 10 Jure 20 Agy 2. 11 Agy 14 Agy 2. 11 Agy 15 Agy 2. 11 Agy 15 Agy 2. 11 Agy 2. 11 Agy 3. 11 Agy 4. 12 Agy 3. 13 Agy 3. 14 Agy 4. 15 Agy 4. 15 Agy 4. 15 Agy 4. 16 Agy 4. 17 Agy 5. 18 Agy 5. 18 Agy 5. 18 Agy 6. 18 Agy 7. 19 Agy	2	· · · · ·	-			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation on individual above to disqualified persons described in section 4958((1)) and expenses and corributions (include section 4910) and 490(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 11 Rese for services (nonemployees): 12 Management 13 Legal 14 Lobbying 15 Payroll taxes 16 Lobbying 17 Investment management fees 17 Investment management fees 18 Other, (If line 11g amount exceds 19% of line 25, column (A) amount, list line 11g expenses on Sch 0). 19 Advertising and promotion 10 Office expenses 14 44, 712. 15 Agyaties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials for insurance 19 Conferences, conventions, and meetings 10 Interest 10 Conferences, conventions, and meetings 11 Individual or entertainment expenses for any federal, state, or local public officials in line 24e expenses on Schedule 0.) 19 DIRECT PROGRAM SERVICES 10 JUPPLIES 10 JUPPLIES 10 LATER AND MAINTENANCE 10 Age 11 Agy 12 Agy 13 Agy 3. 10 Jure 20 Agy 2. 11 Agy 14 Agy 2. 11 Agy 15 Agy 2. 11 Agy 15 Agy 2. 11 Agy 2. 11 Agy 3. 11 Agy 4. 12 Agy 3. 13 Agy 3. 14 Agy 4. 15 Agy 4. 15 Agy 4. 15 Agy 4. 16 Agy 4. 17 Agy 5. 18 Agy 5. 18 Agy 5. 18 Agy 6. 18 Agy 7. 19 Agy		individuals. See Part IV. line 22	1,845.	1,845.		
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  4 Benetits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(8)  7 Other salaries and wages  Persisting har acruals and contributions (include section 4018) and 405(b) employer contributions)  10 Payroll taxes  11 Fees for services (nonemployees):  12 Accounting  13 Logal  14 Investment management fees  15 Professional fundraising services. See Part IV, line 17 finvestment management fees  16 Professional fundraising services. See Part IV, line 17 finvestment management fees  17 Travel  18 Aqueriasing and promotion  19 Aqueriasing and promotion  19 Aqueriasing and promotion  2 Autorising and promotion  3 Aqueriasing and promotion  4 Aqueriasing and promotion  4 Aqueriasing and promotion  5 Concerned  18 Aqueriasing  19 Concernes  4 Aqueriasing  4 Aqueriasing  5 Concerned  4 Aqueriasing  5 Concerned  4 Aqueriasing  5 Concerned  4 Aqueriasing  5 Concerned  6 Cocupancy  8 0, 675  8 0, 675  8 0, 675  8 0, 68, 030  12 (Aquerias)  10 Concerned  11 Travel  12 Aqueriasing  13 Aqueriasing  14 Aqueriasing  15 Aqueriasing  16 Concerned  17 Travel  18 Aqueriasing  19 Aqueriasing  10 Concerned  10 Concerned  10 Concerned  10 Concerned  11 Aqueriasing  11 Aqueriasing  12 Aqueriasing  13 Aqueriasing  14 Aqueriasing  15 Aqueriasing  16 Concerned  17 Travel  18 Aqueriasing  19 Aqueriasing  10 Concerned  10 Concerned  10 Concerned  10 Concerned  10 Concerned  11 Aqueriasing  11 Aqueriasing  11 Aqueriasi	3					
individuals. See Part IV, lines 15 and 16		<u> </u>				
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(8) 7 Other satisfies and wages 8 Pension plan acruals and contributions (include section 4018) and 402(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 12 Advantage and transport of the section 4018 (include section 4018) and 402(b) employer contributions) 13 Caccounting 1, 1,880.						
5 Compensation of current officers, diverted, trustees, and key employees trustees, and key employees trustees, and key employees to disqualified persons (as defined under section 4958(f(1)) and persons described in section 4958(f(1)) and 4930 persons described in 4958 persons descr	4					
trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4988((r)(t)) and persons described in section 4988((r)(t)) and approximate and wages 8 Pension plan accruals and contributions (include section 401(t) and 403(t) employer contributions) 9 Cher employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 1	5					
6 Compensation not included above to disqualified persons (as defined under section 4950(n)(1) and persons described in section 4950(n)(1) and persons described in section 4950(n)(1) and persons described in section 4950(n)(1) and 493(b) employer contributions)  7 Other employee benefits  10 Payroll taxes  11 Fees for services (nonemployees):  a Management  b Legal  c Accounting  d Lobbying  Professional fundraising services. See Part IV, line 17 f investment management fees  9 Other: (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion  13 Office expenses  14 Information technology  7 7,000 7,000 7,000 1  15 Royaties  16 Occupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials for any persons of the state of the sta		•	101,604.	64,099.	37,505.	
persons (as defined under section 4958(I)(1)) and persons described in section 4958(I)(3)(B)  7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal C Accounting 1 1,880. 1 1,80. 1 1,80	6				·	
7 Other salaries and wages Pension plan accrusis and contributions (include section 401(k) and 403(k) employer contributions) 9 Other employee benefits 10 Payroll taxes 35,635. 22,481. 13,154. 11 Fees for services (nonemployees): a Management b Legal 1,880. 1,880. 1,880. d Lobbying Professional fundralsing services. See Part IV, line 17 f Investment management fees 9 Other, (Iflie 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Scheduc 7,000. 7,000. 12,44 ravel 18 payroll 18 payroll 18 payroll 19 payro		·				
7 Other salaries and wages 8 Persion plan accruais and contributions (include section 401k) and 40(b) (wit) an						
Persion plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7					
Section 401(k) and 403(b) employer contributions)   Other employee benefits   Deprot laxes   35,635.   22,481.   13,154.						
9 Other employee benefits 10 Payroll taxes 35,635. 22,481. 13,154.  11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 4 4,712. 33,916. 10,796. 14 Information technology 7,000. 7,000. 15 Royalties 6 Occupancy 8 0,675. 68,030. 12,645. 17 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses in Schedule (A) amount, list line 24e expenses on Schedule) amount, list line 24e expenses on Schedule (A) amount (A) amount	•					
10	9					
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 44,712. 33,916. 10,796. 11 Information technology 7,000. 7,000. 15 Royalties 6 Occupancy 80,675. 68,030. 12,645. 16 Occupancy 80,675. 68,030. 12,645. 17 Travel 80,675. 68,030. 12,645. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 31 Insurance 40 Other expenses Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25e. Column (A) amount, list line 24e expenses on Schedule 0.) 21 DIRECT PROGRAM SERVICES 5 UPPLIES 6,916. 6,740. 176. 25 Insurance 6 AII SCELLANEOUS EXPENSES 6 A 916. 6,740. 176. 26 AII SCELLANEOUS EXPENSES 6 A 916. 6,740. 176. 27 Insurance 8 AII SCELLANEOUS EXPENSES 6 A 916. 6,740. 176. 8 AII SCELLANEOUS EXPENSES 6 A 916. 6,740. 176. 8 AII SCELLANEOUS EXPENSES 7 Total functional expenses. Add lines 1 through 24e 8 AII ofter expenses 8 Total functional expenses. Add lines 1 through 24e 8 AII SCELLANEOUS EXPENSES 8 Total functional expenses. Add lines 1 through 24e 8 AII SCELLANEOUS EXPENSES 8 Total functional expenses. Add lines 1 through 24e			35,635.	22,481.	13,154.	
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management feese g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  2 Advertising and promotion 3 A 455. 3 Ay 455. 3 Ay 455. 3 Ay 455. 4 Linformation technology 7 7,000. 10 Ay 12,645. 11 Ay 18 A			•			
b Legal c Accounting d Lobbying 1,880. 1,880. 1,880. d Lobbying e Professional fundralsing services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2,118. 2,118. 2,118. 2,118. 12 Advertising and promotion 8,455. 8,455. 13 Office expenses 44,712. 33,916. 10,796. 11 Information technology 7,000. 7,000. 15 Royalties 20 Cocupancy 80,675. 68,030. 12,645. 17 Travel 80,675. 68,030. 12,645. 17 Travel 80,675. 180	а	-				
C   Accounting   1   1   1   1   1   1   1   1   1	_					
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2, 118. 2, 2, 118. 2, 118. 3, 455. 3, 455. 3, 455. 3, 455. 3, 455. 3, 455. 3, 455. 3, 455. 3, 455. 3, 455. 3, 455. 3, 455. 3, 455. 3, 455. 3, 455. 3, 455. 3, 455. 3, 455. 3, 455. 3, 475. 3, 496. 3, 496. 3, 498. 3, 498. 3, 498.  Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 20 Interest 20 Experication, depletion, and amortization 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a DIRECT PROGRAM SERVICES b SUPPLIES 10,726. g 19,942. Take. Take. All other expenses  6,916. 6,740. 176. d REPAIRS AND MAINTENANCE e All other expenses. 25 Total functional expenses. Add lines 1 through 24e  428,785. 348,312. 80,473. 0.	С		1,880.		1,880.	
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	d					
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion  3 Office expenses  44,712. 33,916. 10,796.  14 Information technology  7,000. 7,000.  5 Royalties  6 Occupancy  80,675. 68,030. 12,645.  17 Travel  8 Payments of travel or entertainment expenses for any federal, state, or local public officials  9 Conferences, conventions, and meetings  10 Interest  10 Interest  11 Payments to affiliates  22 Depreciation, depletion, and amortization  13 Insurance  14 Jin 24 amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  14 Interest  15 DIRECT PROGRAM SERVICES  15 SUPPLIES  16 MISCELLANEOUS EXPENSES  47 A 819. 74 A 819.  17 A 819. 74 A 819.  18 PAAIRS AND MAINTENANCE  29 All other expenses  25 Total functional expenses. Add lines 1 through 24e  428,785. 348,312. 80,473. 0.	е					
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion  3 Office expenses  44,712. 33,916. 10,796.  14 Information technology  7,000. 7,000.  5 Royalties  6 Occupancy  80,675. 68,030. 12,645.  17 Travel  8 Payments of travel or entertainment expenses for any federal, state, or local public officials  9 Conferences, conventions, and meetings  10 Interest  10 Interest  11 Payments to affiliates  22 Depreciation, depletion, and amortization  13 Insurance  14 Jin 24 amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a DIRECT PROGRAM SERVICES  b SUPPLIES  C MISCELLANEOUS EXPENSES  d REPAIRS AND MAINTENANCE  e All other expenses  25 Total functional expenses. Add lines 1 through 24e  428,785. 348,312. 80,473. 0.	f	Investment management fees				
12       Advertising and promotion       8,455.       8,455.         13       Office expenses       44,712.       33,916.       10,796.         14       Information technology       7,000.       7,000.         15       Royalties       80,675.       68,030.       12,645.         16       Occupancy       80,675.       68,030.       12,645.         17       Travel       3,498.       3,498.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       498.       498.         19       Conferences, conventions, and meetings       498.       498.         10       Interest       6,239.       6,239.         20       Interest       10,756.       10,756.         21       Payments to affiliates       10,756.       10,756.         22       Depreciation, depletion, and amortization       10,756.       10,756.         23       Insurance       18,562.       18,562.         24       Other expenses. Itemize expenses not covered above (List miscellaneous expenses on Schedule 0.)       74,819.       74,819.         25       SUPPLIES       74,819.       74,819.       784.         3       10,726.       9,942.	g	Other. (If line 11g amount exceeds 10% of line 25,				
13 Office expenses       44,712.       33,916.       10,796.         14 Information technology       7,000.       7,000.         15 Royalties       80,675.       68,030.       12,645.         16 Occupancy       3,498.       3,498.         17 Travel       3,498.       3,498.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       498.       498.         19 Conferences, conventions, and meetings Interest       6,239.       6,239.         20 Interest       10,756.       10,756.         21 Payments to affiliates       10,756.       10,756.         22 Depreciation, depletion, and amortization Insurance       18,562.       18,562.         24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       74,819.       74,819.         25 SUPPLIES       10,726.       9,942.       784.         26 MEPAIRS AND MAINTENANCE       5,573.       4,158.       1,415.         26 All other expenses       428,785.       348,312.       80,473.       0.		column (A) amount, list line 11g expenses on Sch O.)	2,118.		2,118.	
14 Information technology       7,000.       7,000.         15 Royalties       80,675.       68,030.       12,645.         17 Travel       3,498.       3,498.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       498.       498.         19 Conferences, conventions, and meetings       498.       498.         20 Interest       6,239.       6,239.         21 Payments to affiliates       10,756.       10,756.         22 Depreciation, depletion, and amortization       10,756.       10,756.         23 Insurance       18,562.       18,562.         24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.       74,819.         a DIRECT PROGRAM SERVICES b SUPPLIES       74,819.       74,819.         b SUPPLIES       10,726.       9,942.       784.         c MISCELIANEOUS EXPENSES d REPAIRS AND MAINTENANCE       6,916.       6,740.       176.         e All other expenses       5,573.       4,158.       1,415.         e All other expenses       428,785.       348,312.       80,473.       0.	12	Advertising and promotion	8,455.	8,455.		
15   Royalties	13	Office expenses			10,796.	
16       Occupancy       80,675.       68,030.       12,645.         17       Travel       3,498.       3,498.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       498.       498.         19       Conferences, conventions, and meetings       498.       498.         20       Interest       6,239.       6,239.         21       Payments to affiliates       10,756.       10,756.         22       Depreciation, depletion, and amortization       10,756.       18,562.         23       Insurance       18,562.       18,562.         24       Other expenses, Itemize expenses not covered above (List miscellaneous expenses on Schedule 0.)       18,562.       18,562.         a DIRECT PROGRAM SERVICES       74,819.       74,819.       74,819.         b SUPPLIES       10,726.       9,942.       784.         c MISCELLANEOUS EXPENSES       6,916.       6,740.       176.         d REPAIRS AND MAINTENANCE       5,573.       4,158.       1,415.         e All other expenses       Add lines 1 through 24e       428,785.       348,312.       80,473.       0.	14	Information technology	7,000.	7,000.		
17 Travel       3,498.       3,498.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       498.       498.         19 Conferences, conventions, and meetings       498.       498.         20 Interest       6,239.       6,239.         21 Payments to affiliates       10,756.       10,756.         22 Depreciation, depletion, and amortization       18,562.       18,562.         23 Insurance       18,562.       18,562.         24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on Schedule 0.) a mount, list line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       74,819.       74,819.         a DIRECT PROGRAM SERVICES       74,819.       74,819.       784.         b SUPPLIES       10,726.       9,942.       784.         c MISCELLANEOUS EXPENSES       6,916.       6,740.       176.         d REPAIRS AND MAINTENANCE       5,573.       4,158.       1,415.         e All other expenses       428,785.       348,312.       80,473.       0.	15	Royalties	22.555	50.000	10.515	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials       498.       498.         19 Conferences, conventions, and meetings       498.       498.         20 Interest       6,239.       6,239.         21 Payments to affiliates       10,756.       10,756.         22 Depreciation, depletion, and amortization       18,562.       18,562.         23 Insurance       18,562.       18,562.         24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       74,819.       74,819.         a DIRECT PROGRAM SERVICES       74,819.       74,819.       784.         b SUPPLIES       10,726.       9,942.       784.         c MISCELLANEOUS EXPENSES       6,916.       6,740.       176.         d REPAIRS AND MAINTENANCE       5,573.       4,158.       1,415.         e All other expenses       428,785.       348,312.       80,473.       0.	16	Occupancy			12,645.	
for any federal, state, or local public officials  19	17	Travel	3,498.	3,498.		
19   Conferences, conventions, and meetings   498	18	· ·				
20   Interest		, , , , , , , , , , , , , , , , , , ,	400	400		
Payments to affiliates   Depreciation, depletion, and amortization   10,756						
22 Depreciation, depletion, and amortization       10,756.       10,756.         23 Insurance       18,562.       18,562.         24 Other expenses. Itemize expenses on to covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       74,819.       74,819.         a DIRECT PROGRAM SERVICES b SUPPLIES c MISCELLANEOUS EXPENSES d REPAIRS AND MAINTENANCE d REPAIRS AND MAINTENANCE e All other expenses       6,916.       6,740.       176.         5,573.       4,158.       1,415.         25 Total functional expenses. Add lines 1 through 24e       428,785.       348,312.       80,473.       0.			0,439.	0,239.		
18,562.   18,562.			10 756	10 756	+	
24       Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       74,819.       74,819.         a DIRECT PROGRAM SERVICES       10,726.       9,942.       784.         c MISCELLANEOUS EXPENSES       6,916.       6,740.       176.         d REPAIRS AND MAINTENANCE       5,573.       4,158.       1,415.         e All other expenses       428,785.       348,312.       80,473.       0.		,				
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a DIRECT PROGRAM SERVICES b SUPPLIES c MISCELLANEOUS EXPENSES d REPAIRS AND MAINTENANCE e All other expenses  Total functional expenses. Add lines 1 through 24e  428,785.  348,312.  80,473.  0.			10,302.	10,304.		
a DIRECT PROGRAM SERVICES b SUPPLIES c MISCELLANEOUS EXPENSES d REPAIRS AND MAINTENANCE e All other expenses  Total functional expenses. Add lines 1 through 24e  74,819. 74,819. 9,942. 784. 6,740. 176. 176. 25,573. 4,158. 1,415. 26  428,785. 348,312. 80,473. 0.	24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
b SUPPLIES	9		74.819.	74.819.		
c MISCELLANEOUS EXPENSES 6,916. 6,740. 176. d REPAIRS AND MAINTENANCE 5,573. 4,158. 1,415. e All other expenses  Total functional expenses. Add lines 1 through 24e 428,785. 348,312. 80,473. 0.					784.	
d REPAIRS AND MAINTENANCE       5,573.       4,158.       1,415.         e All other expenses       25 Total functional expenses. Add lines 1 through 24e       428,785.       348,312.       80,473.       0.	_					
e All other expenses						
25 Total functional expenses. Add lines 1 through 24e 428, 785. 348, 312. 80, 473. 0.	-		, , ,	,	,	
·	25		<u>4</u> 28,785.	348,312.	80,473.	0.
20 Will Costs. Complete this line only it the organization	26	Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined		reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.		educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)		Check here if following SOP 98-2 (ASC 958-720)				

Part	<b>/</b>	Balance Sneet		P 1 H 1 D 1 1			
		Check if Schedule O contains a response or no	te to an	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			98,113.	1	428,907.
	2	Savings and temporary cash investments	20,==0.	2			
		Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
	Ū	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
	•	under section 4958(f)(1)), and persons describe		6			
	7	Notes and loans receivable, net				7	
Assets	8				4,084.	8	3,300.
Ass	9	Inventories for sale or use Prepaid expenses and deferred charges			1,001.	9	3,300.
`   <b>.</b>						-	
'	iva	Land, buildings, and equipment: cost or other	100	76,472.			
	<b>L</b>	basis. Complete Part VI of Schedule D		11,646.	3,560.	10c	64,826.
		Less: accumulated depreciation		-	3,300.		04,020.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	10 600	14	EE0 E60		
	15	Other assets. See Part IV, line 11		40,689. 146,446.	15	550,568. 1,047,601.	
	16 	Total assets. Add lines 1 through 15 (must equ	964.	16			
	17	Accounts payable and accrued expenses	304.	17	0.		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		20			
- 1	21	Escrow or custodial account liability. Complete				21	
sa 2	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
iab		controlled entity or family member of any of the			•	22	000 600
_   2	23	Secured mortgages and notes payable to unrel			0.	23	222,600.
	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, p.					
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D			0.64	25	222 522
2	26	Total liabilities. Add lines 17 through 25			964.	26	222,600.
,		Organizations that follow FASB ASC 958, ch	eck her	• ► X			
ĕ		and complete lines 27, 28, 32, and 33.			1.15 1.00		
	27				145,482.	27	776,254.
8   2	28	Net assets with donor restrictions				28	48,747.
בַ		Organizations that do not follow FASB ASC	958, che	ck here 🕨 🔲			
띤		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29			
Set	30	Paid-in or capital surplus, or land, building, or e	quipmer	nt fund		30	
<b>A</b>   3	31	Retained earnings, endowment, accumulated in				31	
	32	Total net assets or fund balances			145,482.	32	825,001.
	33	Total liabilities and net assets/fund balances			146,446.	33	1,047,601.

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			378.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42	28,	785.
3	Revenue less expenses. Subtract line 2 from line 1	3	67	9,	593.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	5,	482.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			-74.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	82	25,	001.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	┺	$\perp$
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	).		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	dit		
	Act and OMB Circular A-133?		3a	_	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	lit		

032012 12-23-20

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the 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.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** EVERY THIRD SATURDAY, 81-2658331 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

## 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	20,625.	112,232.	105,836.	277,135.	1103581.	1619409.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	20,625.	112,232.	105,836.	277,135.	1103581.	1619409.
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)						687,952.
6	Public support. Subtract line 5 from line 4.						931,457.
	ction B. Total Support						•
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	20,625.	112,232.	105,836.	277,135.	1103581.	1619409.
	Gross income from interest,		•				
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					639.	639.
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)					4,493.	4,493.
11	Total support. Add lines 7 through 10					1/1330	1624541.
	Gross receipts from related activities,	etc (see instruction	nne)			12	
	First 5 years. If the Form 990 is for the			fourth or fifth tax v			
.0	organization, check this box and stor	-		•			<b>&gt;</b> X
Sec	ction C. Computation of Publi						
	Public support percentage for 2020 (I			column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						
	and <b>stop here.</b> The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	•	viriow and organiz	▶ □
h	10% -facts-and-circumstances test	-	· ·	*	-		
~	more, and if the organization meets the	· ·				•	
	organization meets the facts-and-circu				-		ightharpoons
18	Private foundation. If the organization						
<u></u>	and organization	oncon a l		, ,		dule A (Form 990	

## 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) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						<u> </u>
6 Total. Add lines 1 through 5				<u> </u>		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons <b>b</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						<del> </del>
c Add lines 7a and 7b						<del>                                     </del>
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(a) 2010	(6) 2017	(6) 2018	(u) 2019	(e) 2020	(i) Total
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)				<u>                                     </u>		<u>                                     </u>
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,
check this box and stop here	•		,	•	. , . , .	·
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	<b>20</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
<b>b 33 1/3% support tests - 2019.</b> If the						
line 18 is not more than 33 1/3%, chec	ck this box and <b>st</b>	t <b>op here.</b> The orga	ınization qualifies a	as a publicly suppo	orted organization	
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hov and sec inc	etructions	

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's 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.
- 2 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** 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.
- c 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 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.
- **b** 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.**
- c 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.
- 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 line 10b below.
  - **b** 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.)

	Yes	No
_		
1		
2		
2-		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
0		
8		
9a		
9b		
00		
9с		
10a		<u></u>
10b		
100		

Par	TIV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		· · · · ·	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
3	By reason of the relationship described in line 2, above, 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.	3		
Sec	tion 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)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described in line 2a, above, 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	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.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
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)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	anization (see
	instructions)			•

Schedule A (Form 990 or 990-EZ) 2020

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Sect	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
_4_	Amounts paid to acquire exempt-use assets		4	
_5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)	5	
_6_	Other distributions (describe in Part VI). See instructions.		6	
_7_	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	Section E - Distribution Anocations (see instructions)		(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
<u>i</u>	Carryover from 2015 not applied (see instructions)			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
а	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2020

b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

**Employer identification number** 

EVERY THIRD SATURDAY, INC.

81-2658331

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ

X 501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

#### EVERY THIRD SATURDAY, INC. 81-2658331 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person **Payroll** 599,315. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 2 X Person **Payroll** 31,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 15,535. (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person Payroll 15,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person **Payroll**

Noncash
(Complete Part II for noncash contributions.)

11,000.

## EVERY THIRD SATURDAY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 8,333.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

## EVERY THIRD SATURDAY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Name, audiess, and Zir + 4	\$ 7,101.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

## EVERY THIRD SATURDAY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

## EVERY THIRD SATURDAY, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	990 990.EZ or 990.PE\/2020\

Name of organization **Employer identification number** EVERY THIRD SATURDAY, INC. 81-2658331 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EVERY THIRD SATURDAY, INC.

**Employer identification number** 81-2658331

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b	) Fund	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (	during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	•
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	<b>.</b>
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				<b>&gt;</b> 5	<b>.</b>
	Assets included in Form 990, Part X					<b>&gt;</b> 9	

032051 12-01-20

Schedule D (Form 990) 2020

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	Other	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession								•	,	
	collection items (check all that apply):										
а	Public exhibition	c	ا 🔙 ا	_oan or exc	hange progra	ım					
b	Scholarly research	e	, 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	torical treas	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	rt IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered '	Yes" on	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontribution	s or other ass	ets not i	ncluded		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount	<u>t</u>	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liabili	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete i	f the organization ar	swered '	'Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back	<b>(d)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	ed for th	e organiza	ation	_		
	by:									Yes	<u>No</u>
	(i) Unrelated organizations								3a(i)	$\longrightarrow$	
	(ii) Related organizations								3a(ii)	$\longrightarrow$	
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fu	ınds.							
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere							.			
	Description of property	(a) Cost or o			t or other		ccumulate	ed	(d) Bool	< value	е
		basis (investr	nent)	Dasis	(other)	aer	oreciation				
_	Land										
b	Buildings										
C	Leasehold improvements			-	6 472		11 C	16	A 4	1 0	26
	Equipment	<b>I</b>			6,472.		11,6	40.		4,82	
	Other				0,000.					0,00 4,82	
ıota	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	X colum	n (R) line 1	(IC)				04	± , O ,	4 U •

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" or			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
I) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			- ****
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	escription		(b) Book value
(1) CONSTRUCTION IN PROGRESS	·		550,568
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990. Part X. col. (B) line	15.)	<b>&gt;</b>	550,568
Part X Other Liabilities.	- F 000 B + 11/ "	44 446 0	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11t. See Form 990, Part X, line 25.	(b) Pock value
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2			
Liability for uncertain tax positions. In Part XIII, provide the	an toxt of the footpote to	the ergonization's financial statements the	at roporto the

032053 12-01-20

Schedule D (Form 990) 2020

Pai	rt XI Reconciliation of Revenue per Audited	u Filianciai Statements With Revenue	por motarm	
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited finan	cial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VII	II, line 12:		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е	A 1 1 1 1 A 11 1 A 1		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not			
а	Investment expenses not included on Form 990, Part VIII	, line 7b <b>4a</b>		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form	990. Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audite	-	s per Heturn.	
	Complete if the organization answered "Yes" on F		<u> </u>	
1	Total expenses and losses per audited financial statemer		1	
2	Amounts included on line 1 but not on Form 990, Part IX,	1 1		
а				
b	Prior year adjustments			
С				
d	,			
е				
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not o	1 1		
	Investment expenses not included on Form 900 Part VIII			
a	1			
b	Other (Describe in Part XIII.)	4b		
b c	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4b		
b c 5	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For	4b		
b c 5 <b>Pa</b> i	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)	5	ΥI
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization						Employer ide	ntification number
EVERY T	HIRD SATURDAY, INC	•				81-2658	331
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization rais	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ntrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
3 List all states in which the organization or licensing.			utions	or has been notified	it is	exempt from re	gistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2020

Pa	rt I					
		of fundraising event contributions and gr	(a) Event #1 GOLF TOURNAMENT	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	(-"
Revenue	1	Gross receipts	65,838.			65,838.
	2	Less: Contributions	24,600.			24,600.
	3	Gross income (line 1 minus line 2)	41,238.			41,238.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment	3,742. 37,831.			3,742.
	9	Other direct expenses	37,831.			3,742. 37,831.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		<b>&gt;</b>	41,573.
		Net income summary. Subtract line 10 from I				-335.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	I	T	T=
ь			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		coi. (a) through coi. (c)
Вè	4	Cross revenue				
	•	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	☐ No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<b>&gt;</b>	
		ter the state(s) in which the organization condu	-			
		he organization licensed to conduct gaming a No," explain:				Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
	_					

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 EVERY THIRD SATURDAY, INC.	81-26	583	331	Page 3
11			\	es/	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			es/	No
13	Indicate the percentage of gaming activity conducted in:				
			13a		%
	The organization's facility		13b		
	An outside facility		เจม		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	i.			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		<u> </u>	es/es	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	ınt			
	of gaming revenue retained by the third party >\$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation  \$				
	Description of services provided				
	· · · · · · · · · · · · · · · · · · ·				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
a	ustain the state sension licenses	ſ	<b>—</b> ,	es/	□ No
	retain the state gaming license?	l		63	140
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	tne			
Da	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Provide the explanations required by Part L line 2b, columns (iii) and (v):				
Ра		and Part I	III, line	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

Schedule G	(Form 990 or 990-EZ)	EVERY 7	THIRD	SATURDAY,	INC.	81-2658331	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation <sub>(cont</sub>	tinued)				
		•	,				
_							

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

EVERY THIRD SATURDAY, INC. **Employer identification number** 81-2658331

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EVERY THIRD SATURDAY (ETS) EXISTS TO FOSTER HOPE AND SUPPORT POST TRAUMATIC GROWTH FOR VETERANS AND THEIR FAMILIES. SUPPORT IS PROVIDED IN 4 DIFFERENT WAYS. FIRST, ETS OPERATES A CLOTHING AND SUPPLY STORE WHERE VETERANS AND THEIR FAMILIES CAN SHOP FOR SUPPLIES FREE OF CHARGE. ETS HOSTS A TECHNOLOGY PLATFORM CALLED POP SMOKE, WHICH PROVIDES VETERANS ACCESS TO RESOURCES DIGITALLY AND SIMPLY. THIRD, OUR OFFICE SPACE INCLUDES ROOMS WHERE ACTIVITIES CAN BE HELD, SUCH AS ART THERAPY, TAI CHI, YOGA, AND OTHER COMMUNITY BUILDING ACTIVITIES. FINALLY, ETS EMPOWERS A 12 WEEK COURSE CALLED THE WARRIOR'S PATH WHICH ENABLES VETERANS THE OPPORTUNITY TO DESIGN AND PURSUE A BETTER FUTURE AND STRIVE FOR POST TRAUMATIC GROWTH. IN ADDITION, ETS PROVIDES SIGNIFICANT AMOUNTS OF EMERGENCY FINANCIAL ASSISTANCE AND WORKS WITH OUR PARTNERS TO ENSURE GAPS IN CURRENT SERVICES GET FILLED. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN THE PAST YEAR, ETS UNDERTOOK A NEW PROGRAM CALLED THE WARRIOR'S PATH. THE PROGRAM CONSISTS OF COHORTS OF 6-8 VETERANS WHO MEET 4 DAYS A WEEK FROM 9AM TO 4PM. DURING THIS TIME, OVER 30 SUBJECT MATTER EXPERTS PRESENT DIFFERENT MODALITIES AND WAYS OF THINKING WHICH FOCUS ON POST TRAUMATIC GROWTH AND MOVEMENT TOWARDS HEALTHIER LIVES AND BETTER FUTURES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CASE MANAGEMENT:

ETS PROVIDED MORE THAN 900 HOURS OF CASE MANAGEMENT TO VETERANS AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 **Employer identification number** Name of the organization EVERY THIRD SATURDAY, INC. 81-2658331 THEIR FAMILIES. EXPENSES \$ 45,033. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 2: TOM MCKENNA AND JESSI MCKENNA - FAMILY RELATIONSHIP SCOTT MARRIER AND DARRELL MARRIER - FAMILY RELATIONSHIP FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED BY THE BOARD CHAIR AND THE TREASURER BEFORE IT IS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: ANY DIRECTOR, OFFICER, EMPLOYEE AND ANY MEMBER WHO SERVE ON ANY ETS COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS MUST DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST THAT MAY CREATE ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST IN ANY TRANSACTION OR ARRANGEMENT. A PERSON HAS A FINANCIAL INTEREST IF THE PERSON HAS, DIRECTLY OR INDIRECTLY, THROUGH BUSINESS, INVESTMENT, OR FAMILY: AN OWNERSHIP OR INVESTMENT INTEREST IN ANY ENTITY WITH WHICH ETS HAS A TRANSACTION OR ARRANGEMENT; OR A COMPENSATION ARRANGEMENT WITH ETS OR WITH ANY ENTITY OR INDIVIDUAL WITH WHICH ETS HAS A TRANSACTION OR ARRANGEMENT; OR A POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN, OR COMPENSATION ARRANGEMENT WITH, ANY ENTITY OR INDIVIDUAL WITH WHICH ETS IS NEGOTIATING A TRANSACTION OR ARRANGEMENT.

THE FOLLOWING PROCEDURES ARE IN PLACE TO ADDRESS ANY CONFLICT OF INTEREST: AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR EXECUTIVE COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION, Schedule O (Form 990 or 990-EZ) 2020 Name of the organization

EVERY THIRD SATURDAY, INC.

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ARRANGEMENT, OR OTHER MATTER INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

THE CHAIRPERSON OF THE BOARD OR EXECUTIVE COMMITTEE SHALL, IF

APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE

- AFTER EXERCISING DUE DILIGENCE, THE BOARD OR EXECUTIVE COMMITTEE SHALL

DETERMINE WHETHER ETS CAN OBTAIN WITH REASONABLE EFFORTS A MORE

ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD

NOT GIVE RISE TO A FINANCIAL CONFLICT OF INTEREST.

ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

- IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY

POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A FINANCIAL CONFLICT OF

INTEREST, THE BOARD OR EXECUTIVE COMMITTEE SHALL DETERMINE BY A MAJORITY

VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT

IS IN ETS'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND

REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, IT SHALL MAKE ITS

DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION FOR PROGRAM DIRECTOR AND EXECUTIVE

DIRECTOR WAS ARRIVED AT VIA BOARD VOTE. AFTER REVIEWING COMPARABLE

COMPENSATION LEVELS FOR SIMILAR JOB TITLES AND RESPONSIBILITIES AND A

THOROUGH REVIEW OF THE CEO COMPENSATION SURVEY CONDUCTED BY THE MINNESOTA

COUNCIL ON NON PROFITS, COMPENSATION FOR BOTH PAID EMPLOYEES WAS APPROVED

BY UNANIMOUS VOTE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.