efil	e Pu	ublic Visu	ual Render	ObjectId: 202143159349306214 - Submis	ssion: 2021-1	1-11	T	IN: 82-2384512
	0		Re	eturn of Organization Exempt Fro	om Incom	e Tax	(OMB No. 1545-0047
Form	33	<i>J</i> U		•				2020
				 n 501(c), 527, or 4947(a)(1) of the Internal Revenue Do not enter social security numbers on this form as i 			ions)	2020
		t of the						Open to Public
Treasu Interna	al Rev	venue		Go to <u>www.irs.gov/Form990</u> for instructions and t	ne latest morn	nation.		Inspection
A F		ne 2020 ca	alendar year,	or tax year beginning 01-01-2020 ,and ending 1	2-31-2020			
B Che	ck if a	applicable:	C Name of organ	nization IMUNICATIONS INC		D Employe	er identif	ication number
		change				82-2384	512	
O Na		hange eturn	Doing business	s as		-		
		rn/terminated				E Telephon	number	
		ed return		treet (or P.O. box if mail is not delivered to street address) Roor REET Room 4N	n/suite	- E Telephone		
ФАр	plicat	ion pending				(917) 71	L4-7571	
			City or town, s NEW YORK, NY	state or province, country, and ZIP or foreign postal code (10013		G Gross red	ainta e 7	50 485
			F Name and	address of principal officer:	H(a) Is th	is a group ret		
			LAURA FLAND 307 CANAL ST	PERS		rdinates?		🗆 Yes 🗹 No
			NEW YORK, N		H(b) Are a	all subordinate	es	
I Tax	k-exei	mpt status:	5 01(c)(3)	□ 501(c) () ◀ (insert no.) □ 4947(a)(1) or □ 527	7 If "N	oed? o," attach a li	st. (see	
JW	ebsi	ite: 🕨 LAU	RAFLANDERS.C			p exemption		
K Forr	n of o	organization:	Corporation	Trust Association Other	L Year of form	ation: 2018	M State	of legal domicile: NY
Pa	art I	Sum	mary					
	1			ization's mission or most significant activities:				
				VIDES EDUCATIONAL SERVICES TO THE GENERAL PUBL AND CITIZEN INITIATIVES IN THE DEMOCRATIC PROCE		T TO CURREN	IT EVEN	TS, AND THE ROLE
ũ				AND CHIZEN INFIAMVES IN THE DEFICENTIC PROCE				
ũ								
Governance	2	Check thi	s box 🕨 🗌					
	3			ers of the governing body (Part VI, line 1a)			3	6
es	4	Number o	of independent	voting members of the governing body (Part VI, line 1b)		•	4	0
ΩM.				als employed in calendar year 2020 (Part V, line 2a) .		•	5	10
Activities &				ers (estimate if necessary)		•	6	
				revenue from Part VIII, column (C), line 12		•	7a	0
	b	Net unrel	ated business t	axable income from Form 990-T, line 39			7b	
		Contribut	ione and avanta	(Det)/III line 16)	Pr	ior Year	75	Current Year
enu	8		-	s (Part VIII, line 1h)		435,7 83,5		680,387
Revenue	_	-		t VIII, column (A), lines 3, 4, and 7d)			97	61,661
Ä							57	357
				column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			09	357 17.080
	-			column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8 through 11 (must equal Part VIII, column (A), line 12)	4,8		357 17,080 759,485
			nd similar amou	column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8 through 11 (must equal Part VIII, column (A), line 12) ints paid (Part IX, column (A), lines 1-3))	4,8		17,080
10	14	Benefits p		8 through 11 (must equal Part VIII, column (A), line 12 ints paid (Part IX, column (A), lines 1–3))	4,8		17,080 759,485
Ses			oaid to or for m	8 through 11 (must equal Part VIII, column (A), line 12		4,8	81	17,080 759,485 0
nse	15	Salaries,	oaid to or for m other compensa	8 through 11 (must equal Part VIII, column (A), line 12 ints paid (Part IX, column (A), lines 1–3) embers (Part IX, column (A), line 4)		4,8 524,4	81	17,080 759,485 0 0
cp ense	15 16a	Salaries, a Professio	baid to or for m other compense nal fundraising	8 through 11 (must equal Part VIII, column (A), line 12 Ints paid (Part IX, column (A), lines 1–3). embers (Part IX, column (A), line 4). ation, employee benefits (Part IX, column (A), lines 5–10		4,8 524,4	81	17,080 759,485 0 0 438,394
Exp enses	15 16a b	Salaries, a Professio Total fundr	paid to or for m other compensi nal fundraising aising expenses (l	8 through 11 (must equal Part VIII, column (A), line 12 Ints paid (Part IX, column (A), lines 1–3) embers (Part IX, column (A), line 4) ation, employee benefits (Part IX, column (A), lines 5–10 fees (Part IX, column (A), line 11e)		4,8 524,4	81 80	17,080 759,485 0 0 438,394
Expense	15 16a b 17	Salaries, a Professio Total fundra Other exp	baid to or for m other compension nal fundraising aising expenses (I benses (Part IX,	8 through 11 (must equal Part VIII, column (A), line 12 ints paid (Part IX, column (A), lines 1–3) embers (Part IX, column (A), line 4) ation, employee benefits (Part IX, column (A), lines 5–10 fees (Part IX, column (A), line 11e) Part IX, column (D), line 25) 5 3,945		4,8 524,4 317,3	81 80 90	17,080 759,485 0 0 438,394 0
_	15 16a b 17 18	Salaries, a Professio Total fundr Other exp Total expe	paid to or for m other compense nal fundraising aising expenses (I penses (Part IX, enses. Add line	8 through 11 (must equal Part VIII, column (A), line 12 ints paid (Part IX, column (A), lines 1–3) embers (Part IX, column (A), line 4) ation, employee benefits (Part IX, column (A), lines 5–10 fees (Part IX, column (A), line 11e) Part IX, column (D), line 25) \blacktriangleright 53,945 column (A), lines 11a–11d, 11f–24e)		4,8 524,4 317,3 238,3	81 80 90 70	17,080 759,485 0 0 438,394 0 283,296
_	15 16a b 17 18	Salaries, a Professio Total fundr Other exp Total expe	paid to or for m other compense nal fundraising aising expenses (I penses (Part IX, enses. Add line	8 through 11 (must equal Part VIII, column (A), line 12) ints paid (Part IX, column (A), lines 1–3) embers (Part IX, column (A), line 4) ation, employee benefits (Part IX, column (A), lines 5–10 fees (Part IX, column (A), line 11e) Part IX, column (D), line 25) 5 3,945 column (A), lines 11a–11d, 11f–24e) s 13–17 (must equal Part IX, column (A), line 25)	0)	4,8 524,4 317,3 238,3 555,7	81 80 90 70 89	17,080 759,485 0 0 438,394 0 283,296 721,690
_	15 16a b 17 18 19	Salaries, a Professio Total fundr Other exp Total expo Revenue	baid to or for m other compensa nal fundraising aising expenses (I benses (Part IX, enses. Add lines less expenses.	8 through 11 (must equal Part VIII, column (A), line 12) ints paid (Part IX, column (A), lines 1–3) embers (Part IX, column (A), line 4) ation, employee benefits (Part IX, column (A), lines 5–10 fees (Part IX, column (A), line 11e) Part IX, column (D), line 25) 5 3,945 column (A), lines 11a–11d, 11f–24e) s 13–17 (must equal Part IX, column (A), line 25) Subtract line 18 from line 12	0)	4,8 524,4 317,3 238,3 555,7 -31,2 g of Current Yo	81 80 90 70 89 ear	17,080 759,485 0 0 438,394 0 283,296 721,690 37,795 End of Year
_	15 16a 17 18 19 20	Salaries, a Professio Total fundr Other exp Total expu Revenue Total asse	baid to or for m other compense nal fundraising aising expenses (I penses (Part IX, enses. Add lines less expenses. ets (Part X, line	8 through 11 (must equal Part VIII, column (A), line 12) ints paid (Part IX, column (A), lines 1–3) embers (Part IX, column (A), line 4) ation, employee benefits (Part IX, column (A), lines 5–10 fees (Part IX, column (A), line 11e) Part IX, column (D), line 25) \searrow 53,945 column (A), lines 11a–11d, 11f–24e) s 13–17 (must equal Part IX, column (A), line 25) Subtract line 18 from line 12	0)	4,8 524,4 317,3 238,3 555,7 -31,2 J of Current Ye 1116,5	81 80 90 70 89 89 70 70	17,080 759,485 0 0 438,394 0 0 283,296 721,690 37,795 End of Year 156,301
Net Assets or Fund Balances	15 16a 17 18 19 20 21	Salaries, a Professio Total fundr Other exp Total expo Revenue Total asse Total liabi	baid to or for m other compensa nal fundraising aising expenses (I benses (Part IX, enses. Add lines less expenses. ets (Part X, line ilities (Part X, line	8 through 11 (must equal Part VIII, column (A), line 12) ints paid (Part IX, column (A), lines 1–3) embers (Part IX, column (A), line 4) ation, employee benefits (Part IX, column (A), lines 5–10 fees (Part IX, column (A), line 11e) Part IX, column (D), line 25) 5 3,945 column (A), lines 11a–11d, 11f–24e) s 13–17 (must equal Part IX, column (A), line 25) Subtract line 18 from line 12	0)	4,8 524,4 317,3 238,3 555,7 -31,2 g of Current Yo	81 80 90 70 89 70 70 51	17,080 759,485 0 0 438,394 0 283,296 721,690 37,795 End of Year

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<u></u> ,	ionicage.					
	I.				2021 11 11	
C i	Si	gnature of officer			2021-11-11 Date	
Sign Here		AURA FLANDERS DIRECTOR				
	<u></u>	pe or print name and title				
	,	Print/Type preparer's name	Preparer's signature	Date		PTIN
Paid	1			2021-11-11	Check if self-employed	P00146408
	barer	Firm's name FILEONE ACCOUNTA	NTS	•	Firm's EIN	
	Only	Firm's address > 42 HIGH STREET			Phone no. (631	
	_ ,				Phone no. (63)	1) 223-3747
		HUNTINGTON, NY	1743			
,		cuss this return with the preparer sh	, ,			. 🗹 Yes 🗌 No
For Pa	aperwork	Reduction Act Notice, see the s	eparate instructions.	Cat. I	No. 11282Y	Form 990 (2020)
			Page 2			
Form	990 (2020)				Page 2
Par	•	atement of Program Service	Accomplishments			ruge _
		eck if Schedule O contains a respon	•	+ 111		\Box
1		scribe the organization's mission:				0
-		UNICATIONS PROVIDES EDUCATIO	NAL SERVICES TO THE GENERAL	PUBLIC WITH RESP	ECT TO CURRE	ENT EVENTS, AND THE ROLE
OF CI	VIC INVOL	VEMENT AND CITIZEN INITIATIVES	IN THE DEMOCRATIC PROCESS.	THE GROUP ACHIE	/ES THIS MISS	
PROG	RAMS IN M	IULTIMEDIA INCLUDING PUBLIC TE	LEVISION BROADCAST THAT HIC	HLIGHT CIVIC ENGA	AGEMENT	
2	Did the or	ganization undertake any significan	t program services during the ve	ar which were not lig	sted on	
-		Form 990 or 990-EZ?				🗌 Yes 🛛 No
		lescribe these new services on Sche				
3		ganization cease conducting, or ma		conducts, any progra	im	
	services?					. 🗌 Yes 🔽 No
	If "Yes," d	lescribe these changes on Schedule	0.			
4	Describe t	the organization's program service a	ccomplishments for each of its t	hree largest program	n services, as r	measured by expenses.
		D1(c)(3) and 501(c)(4) organization uue, if any, for each program service		ount of grants and all	ocations to oth	ners, the total expenses,
		ac, if any, for each program service				
4a	(Code:) (Expenses \$	605,122 including grants of	\$) (Revenue \$	61,661)
		VIZATION MISSION IS ACCOMPLISHED VI LEVISION AND ALSO AVAILABLE VIA ONLI				
		R OTHER NON-PROFIT ORGANIZATIONS.	The STREAMING. WE ALSO PRODUCE	WEEKLT PODCASTS, AN	D CONDUCT OCC	LASIONAL MEDIA TRAINING
4b	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)
						,
	0.1					

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including grants or ϕ) (INEVENUE # Total program service expenses 605,122 Page 3 Form 990 (2020) **Checklist of Required Schedules** Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐒 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II

5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete		
	Schedule D,Part I	L	6

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part Il

- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"
- Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian 9 for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, 11

- or X as applicable.
- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete
- 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
- Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its С total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported d
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete
- Was the organization included in consolidated, independent audited financial statements for the tax year? b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13
- **14a** Did the organization maintain an office, employees, or agents outside of the United States? . .
- Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, b business, investment, and program service activities outside the United States, or aggregate foreign investments valued 14b at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .
- 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(see instructions)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2020)

Page 3

No

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11a

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11d

11e

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12b

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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

1. The to the Loay and the organization attach a copy of the addition interface other to the country to the country of

20b No 21

Form 990 (2020)

Ρ	а	q	e	4

Form	990 (2020)			Page 4
Pa	Tt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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? \ldots .	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? <i>If "Yes," complete Schedule L</i> , Part I	25a		No
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		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
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		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
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	Yes	
Pa	statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box

Yes

No

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not	applicable .	•
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 ${\bf b}~$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ~ .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1a

1b

Form 990 (2020)

No

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1c

13a

	Page 5		
Form	990 (2020)		Page 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	No
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? \ldots .	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	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)?	4a	No
D	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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
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).		
а	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	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	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.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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.		

а	Is the organization licensed to issue qualified health plans in more than one state?
	Note. See the instructions for additional information the organization must report on Schedule O.
b	Enter the amount of recoming the expension is required to maintain by the states in

Enter the amount of reserves the organization is required to maintain by the states in b

	which the organization is licensed to issue qualified health plans	130			
с	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year	ar?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation	n in Schedule O 🔒 .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,0 parachute payment(s) during the year?		15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on n If "Yes," complete Form 4720, Schedule O.	et investment income?	16		No
			F	orm 99	0 (2020

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Page 6 Form 990 (2020) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines Part VI 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes **1a** Enter the number of voting members of the governing body at the end of the tax year 6 1a 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1b 0 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 No . . Did the organization delegate control over management duties customarily performed by or under the direct supervisior 3 3 No of officers, directors or trustees, or key employees to a management company or other person? 4 No Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 No 5 6 Did the organization have members or stockholders? 6 No Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a 7a No Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or b 7b No persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a No а Each committee with authority to act on behalf of the governing body? 8b No b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O q No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No

10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	
13	Did the organization have a written whistleblower policy?	13	No
14	Did the organization have a written document retention and destruction policy?	14	No
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	No
b	Other officers or key employees of the organization	15b	No
	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	No
h	If "Vec." did the ergenization follow a written policy or precedure requiring the ergenization to evaluate its participation		

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

36		
17	List the states with which a copy of this Form 990 is required to be filed	
	NY	
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	🗌 Own website 🛛 Another's website 🗌 Upon request 🗌 Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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: FRANK SPRING 114 WEST 29TH STREET NEW YORK, NY 10001 (212) 736-4946	
		Form 990 (2020)
	Page 7	

16b

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Form 990 (2020)

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

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, or 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours		one b	ox, ι n of	t ch Inle fice	ss pers r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) LAURA FLANDERS DIRECTOR	40.00	x		x	x		x	86,354	0	0
(2) KIM CONNER SECRETARY	1.00	x						0	0	0
(3) GUS SPHEERIS TREASURER	1.00	x						0	0	0
(4) ADRIENNE TORF DIRECTOR	1.00	x						0	0	0
(5) DARREL FROST DIRECTOR	1.00	x						0	0	0
(6) TERRY MCGOVERN DIRECTOR	1.00	x						0	0	0
(7) ISAIAH POOLE DIRECTOR	1.00	x						0	0	0
(8) DARA BALDWIN	1.00									

	I		V				1		1		ol
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				-							
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				Dogo	. 0						
				Page	50						
m 990 (2020)											Page
Part VII Section A. Officers, D	irectors, Truste	es, Ke	y Emp	oloye	ees,	and	Higl	hest	t Compensate	d Employees (co	ntinued)
(A)	(B)			(C)				(D)	(E)	(F)
Name and title	Average hours per	Pos	ition (c n one t	lo no	t che	eck m	ore		Reportable compensation	Reportable compensation	Estimated amount of othe
	week (list	is	s both	an of	ficer	and	a		from the	from related	compensation
	any hours for related		dired				-	or 2	ganization (W- 2/1099-MISC)	organizations (W- 2/1099-MISC)	from the organization ar
	organization	or director	Ins	Officer	Key employee	Higi	Former	⁻	, 1055 (1000)	2,1000 1100)	related
	below dotted line)	line	Institutional Trustee	cer	em	nest	mer				organizations
		e a	tion		oldt	ee o					
		true			уөө	mp					
		een,	rust		-	ens					
			99			Highest compensated employee					
		_				4	-				
			_								
			_	-	\vdash		-	-			
		_									
		1					1	1			
		-		-			+	-			
								1			
		1		1			1	1			
Sub-Total						Þ				I	
Sub-Total						* *					

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

Yes No 3 Yes

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,0002 If "Yes," complete Schedule 1 for such

	organization and related organizations great individual	פו נוומוו אַדאַטי,טטט:	11 Tes, complete 3			4 Ye	s
5	Did any person listed on line 1a receive or a services rendered to the organization?If "Ye		,			5	No
	ction B. Independent Contractors						
1	Complete this table for your five highest cor from the organization. Report compensation					pensation	
	(A Name and busi			De	(B) scription of services	Com	(C)
					· · · · · · · · · · · · · · · · · · ·		
2	otal number of independent contractors (inclu	uding but not limite	d to those listed abo	ove) who received r	nore than \$100,000	of	
(compensation from the organization 🕨					Form	990 (2020)
			Page 9				
Form	990 (2020)						Page 9
Pa	rt VIII Statement of Revenue						
	Check if Schedule O contains a resp	oonse or note to an	y line in this Part VII (A)	(B)	 (C)	<u></u>	<u>. </u>
			Total revenue	Related or exempt function	Unrelated business revenue	Re exclu tax unc	(D) evenue ded from der sections
	derated campaigns 1a			revenue		51.	2 - 514
nts	ederated campaigns 1a						
-	embership dues <u>1b</u>						
0:	Indraising events <u>1c</u>						
itions	2:lated organizations 1d						
tribt	vernment grants (contributions) 1e						
	and similar amounts not included 1f						
	680,387						
	Noncash contributions included in ines 1a - 1f:\$						
h 1	Total. Add lines 1a-1f						
<u> </u>		680,387 Business Code					
	2a PROGRAM SERVICE FEES		2,161		1		
en			50 500				
Nen) PPP		59,500				
e Be							
rvic					-		
Se	t						
Program Service Revenue							
á	f All other program service revenue.						
	9 Total. Add lines 2a-2f	61,661	<u>]</u>	<u> </u>		1	
╡	3 Investment income (including dividends, in similar amounts)	terest, and other	357				
	4 Income from investment of tax-exempt bor	nd proceeds					
	5 Royalties	· · Þ					

I	I		(i) Rea	ıl	(ii) Personal	J	l	I	l
	a Gross rents	6a							
_	Less: rental	0a				_			
ľ	expenses	6b							
c	Rental income or (loss)	6c							
	d Net rental income	or (loss)		•]			
			(i) Securi	ties	(ii) Other				
7	a Gross amount from sales of assets other than inventory	7a							
b	Less: cost or other basis and sales expenses	7b							
	Gain or (loss)	7c							
	d Net gain or (loss)					4			
Revenue	Gross income from fur (not including \$ contributions reported	l on li	of ine 1c).						
eve	See Part IV, line 18	•		8a					
č	b Less: direct expense	ses		8b					
Other	c Net income or (loss	s) fro	om fundraisii	ng eve	nts 🕨				
ð	Gross income from g	ami	na activitios						
Ĩ	See Part IV, line 19	•	• •	9a					
	b Less: direct expense	ses		9b					
	c Net income or (loss	s) fro	om gaming a	ctivitie	es	_			
10	Da Gross sales of inve returns and allowat	ntor nces	y, less	10a					
	b Less: cost of goods	s solo	d	10b					
	c Net income or (loss			nvento	ory 🕨				
	Miscellaneo	us R	levenue		Business Code	_			
1	1a ADS					2,880			
	b WRITING					6,200			
	c MISC					1,000			
	d All other revenue					7,000			
	e Total. Add lines 11	la-1	1d	'		17.000			
1	2 Total revenue. Se	e in	structions .			17,080			
1						759,485			

Form **990** (2020)

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Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must	complete all columns	. All other organizati	ons must complete co	olumn (A).
Check if Schedule O contains a response or note to a	ny line in this Part IX			🔽
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			

4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	86,354	64,616	12,923	8,815
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	314,923	267,080	10,000	37,843
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	37,117	27,610	6,204	3,303
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	19,891	2,500	14,407	2,984
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column(A) amount, list line 11g expenses on Schedule O)	98,213	98,213		
12 Advertising and promotion	0			
13 Office expenses	14,266	9,136	4,130	1,000
14 Information technology	0			
15 Royalties	0			
16 Occupancy	38,901	29,176	9,725	
17 Travel	489	489		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	6,007	3,004	3,003	
23 Insurance	1,221	611	610	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PUBLIC RELATIONS DEVELOPMENT	2,211	2,211		
b BANK AND CC FEES	1,621		1,621	
c PRODUCTION/ SYNDICATION FEES	97,948	97,948		
d EQUIPMENT	2,025	2,025		
e All other expenses	503	503		
25 Total functional expenses. Add lines 1 through 24e	721,690	605,122	62,623	53,945
 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Gif following SOP 98-2 (ASC 958-720). 				

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Part X Balance Sheet

Page **11**

Check if Schedule O contains a response or note to any line in this Part IX $\ .$			🗆
	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	95,546	1	127,869
2 Savings and temporary cash investments		2	
Pladaes and grants receivable net		2	

I.	د	FICUYES AND YIANDS IECEIVADIE, NEL		• 1	ر ا	1			
	4	Accounts receivable, net			4				
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial co	ontributor, or 35%	5				
	6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in section 4958(f)(1)).	fied pers	ons (as defined under	6				
ŝ	7	Notes and loans receivable, net			7				
set	8	Inventories for sale or use			8				
Assets	9	Prepaid expenses and deferred charges			9				
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	24,529					
	b	Less: accumulated depreciation	10b	9,512 21,0	24 10	c 15,017			
	11	Investments—publicly traded securities .			11	9,197			
	12	Investments-other securities. See Part IV, line	11 .		12	2			
	13	Investments-program-related. See Part IV, line	11 .		13	3			
	14	Intangible assets			14	•			
	15	Other assets. See Part IV, line 11			15	4,218			
	16	Total assets. Add lines 1 through 15 (must equ	ual line 3	3) 116,5	70 16	156,301			
	17	Accounts payable and accrued expenses	. 2,9	51 17	5,509				
	18	Grants payable			18	3			
	19	Deferred revenue			19				
	20	Tax-exempt bond liabilities			20)			
S	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D	21				
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons .	35% controlled entity	22	2				
	23	Secured mortgages and notes payable to unrela	ted third	parties	23	3			
	24	Unsecured notes and loans payable to unrelated	l third pa	rties	24	k			
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	o related third parties,	25	5				
	26	Total liabilities. Add lines 17 through 25 .		2,0	51 26	5,509			
Balances	27	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck hei	re▶ □ and	27	,			
Bal	28	Net assets with donor restrictions	• •		28				
	20			20	<u> </u>				
r Fur	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	eck here 🕨 🗹 and	29					
0		cupital stock of trust principal, of current funus	Paid-in or capital surplus, or land, building or equipment fund						
5		Paid-in or capital surplus or land building or os	uinmont		30				
sets	30				_	150 702			
Assets	30 31	Retained earnings, endowment, accumulated in		other funds 113,6	19 31				
et Asse	30				19 31 19 32	150,792			

– Page 12 –

Form 990 (2020) Page **12 Reconcilliation of Net Assets** Part XI Check if Schedule O contains a response or note to any line in this Part XI $% \left({{{\rm{A}}} \right) = {{\rm{A}}} \right)$. . Total revenue (must equal Part VIII, column (A), line 12) 1 1 759,485 2 Total expenses (must equal Part IX, column (A), line 25) . 2 721,690 3 3 37,795 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . 4 113,619 . 5 1,700 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities . . . 6 7 Investment expenses . 7 -2,322 8 8 Prior period adjustments . . • • 9 Other changes in net assets or fund halances (explain in Schedule O) $\$. 9

				150,79
	nancial Statements and Reporting			
Che	eck if Schedule O contains a response or note to any line in this Part XII	•		\cup
			Yes	No
1 Accounting	method used to prepare the Form 990: 🛛 🗹 Cash 🗌 Accrual 🗌 Other			
If the organ Schedule O	nization changed its method of accounting from a prior year or checked "Other," explain in).			
2a Were the o	rganization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
	eck a box below to indicate whether the financial statements for the year were compiled or reviewed on a asis, consolidated basis, or both:			
🗹 Sepa	rate basis 🔹 Consolidated basis 🔹 Both consolidated and separate basis			
b Were the o	rganization's financial statements audited by an independent accountant?	2b		No
	eck a box below to indicate whether the financial statements for the year were audited on a separate basis, ed basis, or both:			
🗌 Sepa	rate basis Consolidated basis Both consolidated and separate basis			
	line 2a or 2b, does the organization have a committee that assumes responsibility for oversight t, review, or compilation of its financial statements and selection of an independent accountant?	2c		
If the organ	nization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
	of a federal award, was the organization required to undergo an audit or audits as set forth in the Single nd OMB Circular A-133?	3a		No
	d the organization undergo the required audit or audits? If the organization did not undergo the required			
audit or au	dits, explain why in Schedule O and describe any steps taken to undergo such audits.	Зb		No

Form 990 (2020)

Additional Data

Return to Form

Software ID:	20011406
Software Version:	20.0.2.0

Form 990, Special Condition Description:

Special Condition Description

<form> SCHEDULE (Software) SPACE: Sector 2010 S</form>	eme	Pub	olic Visual	Kender		20214315934930	6214 - Subr	nission: 2021-	11-11	IN: 82-2384512		
Clacitors Communicity Troops Inc Part 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part 1 Reason for Public Charity Status (All organizations described in section 170(b)(1)(A)(III). A school described in section 170(b)(1)(A)(III). (Attach Schedule E (Form 990 or 990-EZ).) A school 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). A norganization that normally receives: 1 A community true: described in section 170(b)(1)(A)(IV). A norganization that normally receives: 1 A community true described in 170(b)(1)(A)(IV). A norganization that normally receives: 1 A community true described in 170(b)(1)(A)(IV). A norganization that normally receives: 1 A norganization that normaly receives: 1 A norganization that normally receives: 1 A norganiz	(Form 990 or c 990EZ) Department of the Treasury				nplete if the o	rganization is a sect 4947(a)(1) nonexe Attach to Form 9	ion 501(c)(3 mpt charitab 990 or Form 9) organization or le trust. 990-EZ.	a section	OMB No. 1545-0047		
Part	Name	8êtê								ation number		
he organization is not a private foundation because It is: (for lines 1 through 1.2, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(II). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(III). A church, convention operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(III). Enter the hospital's mome, city, and static. A organization that normally medices a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(V). A congenization that normally medices a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(V). A congenization that normally medices a substantial part of its support from a governmental unit and spret college or university or association described in section 170(b)(1)(A)(V). A congenization that normally medices a substantial part of its support from a governmental unit and spret college or university or approximation that normally medices (1) more than 32,n/b of its support from more approximation that normally medices (1) more than 32,n/b of its support from the general public described in section 509(a)(C)(1). A congenization organization departed exclusively to test for public safety. See section 509(a)(C). A congenization organization departed exclusively to public safety. See section 509(a)(C). A congenization organization departed exclusively to test for public safety. See section 509(a)(C). A congenization organization departed exclusively for the penet of the support from angenization (C) and the support or	Par	tΙ	Reason	for Public	Charity State	us (All organization	s must comp	lete this part.) S				
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-ECT.)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's neme, city, and state: A morganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). Enter the hospital's neme, city, and state: A roganization that normally receives a subdartial part of its support from a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) A conganization that normally receives a subdartial part of its support from consumental unit described in section 170(b)(1)(A)(V). (Complete Part II.) An organization that normally receives: (1) more than 330% of its support from consumental unit described in section 170(b)(1)(A)(V). (Complete Part II.) An organization that normally receives: (1) more than 330% of its support from constraints of and grant college or university on constraints and exclused business taxable income (less section 501(a)(1)(a) complete Part III.) An organization organization described in section 170(b)(1)(A)(V). Complete Part III.) An organization organization and complete how the part of the support from constraints of or to carry out the purposes of neme more publicly supported organizations described in section 509(a)(2). An organization organization described in section 509(a)(1). An organization organization described in section 509(a)(1). An organization organization described in section 509(a)(1). An organization for the complete Part IV. An organiza												
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 medical research organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Complete Part II.) A organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 130(b)(1)(A)(V). (Complete Part II.) A community trust described in section 130(b)(1)(A)(V). (Complete Part II.) A community trust described in section 130(b)(1)(A)(V). (Complete Part II.) A community trust described in 30.4% of its support from continuons, membership fees, and gross receipts from activities related to its evenpt functions—subject to certain exceptions, and (2) no more than 33.4% of its support from gross trustee intervent income and unrelated business taxable income (less section 509(a)(2).5 es esction 509(a)(3). Check the 1 in lines 12a through 12d that describes the type of supporting organization arganization argan	1	\Box	A church, c	onvention of	churches, or as	sociation of churches	described in se	ection 170(b)(1)	(A)(i).			
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's <u>name, aty, and state:</u> An arganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) An arganization that normally receives a substantial part of its support from a governmental unit of from the general public described section 170(b)(1)(A)(V). (Complete Part II.) An arginclutural research organization described in 170(b)(1)(A)(V). (Complete Part II.) An arginclutural research organization described in 170(b)(1)(A)(V). (Complete Part II.) An arganization that normally receives: (1) more than 33.v/% of its support from a governmental unit described in section for advituse related to its exempt functions—subject or carrin acceptions, and (2) no more than 33.v/% of its support from gross investment income and unrelated business taxable income (less section 509(a)(2). An organization organization adported exclusively to test for public safety. See section 509(a)(2). Complete Part III.) An organization organization adparted, subporting organization and complete lines 12.2, 12, and 12. Type I. A supporting organization supervised or controlled by its supported organization(s), typically by giving the support organization organization aperated, supporting organization and complete lines 12.2, 12, and 12. Type I. A supporting organization supervised or controlled by its supported organization(s). Typically by giving the support organization organization apperated, supporting organization and complete lines 12.2, 12, and 12. Type I. A supporting organization generally must estify a distribution requirement and an attentiveness requirement (see infurctional) integrated. A supporting organ	2		A school de	escribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	edule E (Form	990 or 990-EZ).)				
	3		A hospital of	or a cooperat	ive hospital serv	vice organization descr	ibed in sectio	n 170(b)(1)(A)(iii).			
in 20(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support form a governmental unit or from the general public described section 170(b)(1)(A)(vi). (Complete Part II.) A norganization that normally receives: (1) more than 33.vi% of its support from contributions, membership fees, and gross receipts and (2) on more than 33.vi% of its support from gross investment income and unrelated business taxable income (less section 500(a)(2) on more than 33.vi% of its support from gross investment income and unrelated business taxable income (less section 500(a)(2) on more than 33.vi% of its support from gross investment income and unrelated business taxable income (less section 500(a)(2). On more than 33.vi% of its support from gross investment income and unrelated business taxable income (less section 500(a)(2). I on more than 33.vi% of its support from gross investment income and unrelated business taxable income (less section 500(a)(2). I on more than 33.vi% of its support from gross investment income and unrelated business taxable income (less section 500(a)(2). A norganization organized and operated exclusively to test for public safety. See section 500(a)(2). An organization organization organization argonization and complete lines 12e, 12/a and 12e. C Type I.A supporting organization generated, supervised, or controlled by its support do organization(s), by alving the supporting organization operated in connection with a supported organization(s). You mus complete Part IV, Sections A and B. C Type I.A supporting organization supervised or controlled in connection with, and antentiveness requirement (see instructionally int	4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
section 170(b) (1) (A) (v). (Complete Part II.) 8 A community trust described in section 170(b) (1) (A) (vi). (Complete Part II.) 9 A nagricultural research organization described in 170(b) (1) (A) (vi). Operated in conjunction with a land-grant college or university of non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university in comparization that normally receives: (1) more than 33:x/% of its support from contributions, membership fees, and gross receipts from activities related to its seempt functions—subject to certain exceptions, and (2) no more than 33:x/% of its support from gross investment income and unrelated business taxable income (less section 510 (a) (7). 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the to in lines 12a through 12d that describes the type of supporting organization and complete ines 12e, 12f, and 12g. 12 An organization organized and operated exclusively to the banefit of, to partice organization(s), typically by glying the support organization supervised, or controlled by its supported organization(s). Type 30(3). Check the to in lines 12a through 12d that describes the type of supporting organization and complete insize, 12f, and 12g. 13 Check this busines taxable on operated, supervised, or controlled by its supported organization(s), by laving operator or management of the supporting organization organization supervised, or controlled by its supported organization(s), toy must complete Part IV, Sections A and C. 14 Type II Ansupporting organization supervised, or controlled in connection with its supported organization(s), by having ope	-		170(Ď)(1)	(A)(iv). (Co	mplete Part II.)	-		. , .		bed in section		
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university of a granulation and grant college of agriculture. See instructions. Enter the name, city, and coll coll coll coll coll coll coll col	7						s support from	a governmental u	init or from the gener	al public described in		
Important college of agriculture. See instructions. Enter the hand, city, and state of the college or university: Image: Image	8					-	(Complete Par	t II.)				
from activities related to its exempt functions—subject to certain exceptions, and (2) on more than 33.0% of its support from gross 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). 12 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the 1 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 127, and 12g. 13 An organization organized organization operated, supervised, or controlled by its supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization or elections and c. 14 Organization organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization organization (s) tors and to. 15 Type II. A supporting organization supervised or controlled in connection with and functionally integrated with, its supported organization(s). You must complete Part IV, Sections A and C. 16 Type II. A supporting organization supervised or controlled in connection with its supported organization(s). the issupported organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and C. 17 Type III. anon-functionally integrated. A supporting organization operated in connection with its supported organization(s). 16 Type III functionaly integrated. A supporting organization operated in c	9		An agricult non-land g	ural research rant college c	organization de of agriculture. S	escribed in 170(b)(1) ee instructions. Enter	(A)(ix) opera the name, city	ted in conjunction , and state of the o	with a land-grant coll college or university:	ege or university or a		
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one more publicly supported organization of supporting organization 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the test in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled the directors or trustees of the supporting organization. You mus complete Part IV, Sections A and B. 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 operated in connection with a supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is a supported organization. You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization neerally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You III non-functionally integrated avery satisfy a distribution requirement and an attentiveness requirement (see instructions). You BII non-functionally integrated avery support organization. fenter the number of supported organizations	10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June									
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the to in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the support organization granization 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. c Type III non-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 and C. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is i supported organization(s) (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization sectored a written determination from the IRS that it is a Type I, Type III functionally integrated a supporting organization(s). f integrated. The organizations supported organization(s). (v) Amount of organization about the supported organization. f Enter the number of supported organizations (ii) Type organization (iv) Amount of organization (described on lines 1 - 10 above (see instructions)) (v) Amount of the support (v) Amount of organizations) (v) Amount of the support (v) Amount of organization see instructions))	11											
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the support 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. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or manage the support of the supporting organization vested in the same persons that control or manage the support of organization(s). You must complete Part IV, Sections A and C. c Type II. functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) 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. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II functionally integrated supported organization(s). f integrated, or Type III non-functionally integrated supporting organization. (v) Amount of organization about the supported organization. f Enter the number of supported organization section in the inset of supported organization about the supported organization listed in your governing document? (v) Amount of the regranizations) (v) Amount of instructions) (v) Amount of instructions) (v) Amou	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									
månagement 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. 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. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) (that is infunctionally integrated. A supporting organization requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated supporting organization. f Enter the number of supported organizations (ii) Part II non-functionally integrated supporting organization. g Provide the following information about the supported organization (described on lines 1 - 10 above (see instructions)) (iv) Amount of organization (described on lines 1 - 10 above (see instructions)) (v) Amount of organization support (see instructions) for Paperwork Reduction Act Notice, see the Instructions for Sort Paperwork Reduction Act Notice, see the Instructions for Sort Paperwork Reduction Act Notice, see the Instructions for Sort Paperwork Reduction for Organization Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(iv) Page 2 Page 2 Page 2	а		Type I. A so organizatio	supporting or n(s) the pow	ganization oper er to regularly a	ated, supervised, or composite or elect a major	ontrolled by its	supported organiz	zation(s), typically by			
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. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is a functionally integrated. A supporting organization requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e 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 supported organization. f Enter the number of supported organizations (ii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization moetancy support (see instructions) (v) Amount of other support (see instructions) f total Image: Section Act Notice, see the Instructions for for Paperwork Reduction Act Notice, see the Instructions for for Paper Schedule A (Form 990 or 990-EZ) 200 Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 202 Page 2 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 II Support Schedule for Organizations Describ	b		manageme	nt of the sup	porting organiza	ation vested in the sar						
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is if 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. e 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 supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (described on lines 1 - 10 above (see instructions)) (iv) Is the organization gong document? (v) Amount of monetary support (see instructions) fortal	с		Type III f	unctionally	integrated. A s	supporting organizatio				ted with, its		
e 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 supporting organization. f Enter the number of supported organizations	d		Type III n functionally	on-function	ally integrate	d. A supporting organi n generally must satis	zation operate fy a distributio	d in connection wi n requirement and	th its supported orgar			
f Enter the number of supported organizations 9 Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) 1-10 above (see instructions)) Yes Yes No Fortal Image: Construction organization for the support of the	e		Check this	box if the org	anization receiv	ved a written determin	ation from the		pe I, Type II, Type III	functionally		
(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) Yes No Yes No Fotal Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2020 Schedule A (Form 990 or 990-EZ) 2020 Page 2 Page 2 Page 1 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 I	f	Enter	the number	of supported	d organizations				<u> </u>			
organization (described on lines 1-10 above (see instructions)) in your governing document? monetary support (see instructions) other support (see instructions) Yes No Yes No Total Image: Schedule A (Form 990 or 990-EZ) Page 2 Page 2 Schedule A (Form 990 or 990-EZ) 2020 Page 2 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 I	g							unanization listed	(a) Amount of	(vi) Amount of		
Fotal Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 20 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 20 Page 2 Page 2 Page 1 Page 1 Page 1 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 I		(1)				organization (described on lines 1- 10 above (see			monetary support	other support (see instructions)		
or Paperwork Reduction Act Notice, see the Instructions for orm 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990 or 990 or 990-EZ) 20 Page 2 Page 2 Page 2 Page 2 Echedule A (Form 990 or 990-EZ) 2020 Page 2 Page 2 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 I							Yes	No				
or Paperwork Reduction Act Notice, see the Instructions for form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990 or 990 or 990-EZ) 20 Page 2 Page 2 Page 2 Page 2 Schedule A (Form 990 or 990-EZ) 2020 Page 2 Page 2 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 I												
or Paperwork Reduction Act Notice, see the Instructions for form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990 or 990 or 990-EZ) 20 Page 2 Page 2 Page 2 Page 2 Schedule A (Form 990 or 990-EZ) 2020 Page 2 Page 2 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 I	Total											
Schedule A (Form 990 or 990-EZ) 2020 Pag 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 I	For Pa			tion Act Not	tice, see the Ir	nstructions for	Cat. No. 112	85F 9	Schedule A (Form 9	90 or 990-EZ) 2020		
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 I						Pa	ge 2					
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 I	Sched	ile A	(Form 990 o	r 990-F71 20	120					D 7		
(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 I				,		ations Described	in Sections	170(b)(1)(A)	(iv) and 170(b)(Page 2		
If the organization failed to qualify under the tests listed below, please complete Part III.)			(Comple	ete only if y	ou checked th	ne box on line 5, 7,	or 8 of Part 1	I or if the organi	zation failed to qua			
Section A. Public Support				Support		_						

	fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and			1			
	membership fees received. (Do not						
2	include any "unusual grant.") Tax revenues levied for the						
2	organization'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						
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)						
6	Public support. Subtract line 5 from						
S	line 4. ection B. Total Support						
	endar year	(2) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
(01	fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4.						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or		1				
	loss from the sale of capital assets						
	(Explain in Part VI.) Total support. Add lines 7 through						
11	10						
12	Gross receipts from related activities, e	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	he organization's	first, second, thi	rd, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization, check
	this box and stop here					► 🗆	
S	ection C. Computation of Public	Support Perc	entage				
	Public support percentage for 2020 (lin		-	, column (f)) ,		14	
	Public support percentage for 2019 Sch					15	
	33 1/3% support test—2020. If the						s hox
104	and stop here. The organization quali						
b							
	box and stop here. The organization	5					_
17a	10%-facts-and-circumstances test						
170	is 10% or more, and if the organization	n meets the "facts	s-and-circumsta	nces" test, check	this box and stop	here. Explain	
	in Part VI how the organization meets	the "facts-and-cir	cumstances" tes	t. The organization	on qualifies as a pu	iblicly supported	_
	organization						🕨 🗆
b	10%-facts-and-circumstances tes						
	15 is 10% or more, and if the organiz Explain in Part VI how the organizatio						
	supported organization				5	, ,	► 🗆
18	Private foundation. If the organization						🕨 🗆
10	5						► 🗆
	instructions				Sched	ule A (Form 990	🕨 🗆) or 990-EZ) 2020
					21100		
			Page	3			
			Page	J			

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 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and 1 435,775 680,387 1,116,162 membership fees received. (Do not include any "unusual grants.") . 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in 83,500 18,241 101,741 any activity that is related to the organization's tax-exempt purpose

Page 3

3 Gross receipts from activities that are not an unrelated trade or business under section 513

Schedule A (Form 990 or 990-EZ) 2020

4	Tax revenues levied for the organization's benefit and either paid								
5	to or expended on its behalf The value of services or facilities			_					
5	furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5				519,275	698	,628	1,2	17,903
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons								
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.								
с	Add lines 7a and 7b.								
8	Public support. (Subtract line 7c from line 6.)							1,2	17,903
	ction B. Total Support		-			-	-		
	ndar year fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f)	Total	
9	Amounts from line 6				519,275	698	,628	1,2	17,903
10a	Gross income from interest, dividends, payments received on				397		358		755
	securities loans, rents, royalties and income from similar sources.				557		550		/55
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								0
с	1975. Add lines 10a and 10b.				397		358		755
11	Net income from unrelated business						000		,
	activities not included in line 10b, whether or not the business is								0
12	regularly carried on. Other income. Do not include gain								
12	or loss from the sale of capital				4,809				4,809
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c,				524,481	698	,986	1.7	23,467
14	11, and 12.) First 5 years. If the Form 990 is for t	he organization's	first, second, th	ird, fourth, or fift					
	check this box and stop here	-			-		-		
	ction C. Computation of Public Public support percentage for 2020 (li	Support Perce	entage	$2 \operatorname{column}(f)$					
15 16	Public support percentage from 2020 (iii)					15 16			0 %
	ction D. Computation of Invest								
17	Investment income percentage for 20	,				17			0 %
18	Investment income percentage from 2		•			18	lling 17	ic not	
	331/3% support tests—2020. If the nore than 33 1/3%, check this box and a								
b	33 1/3% support tests-2019. If the	e organization did	not check a box	k on line 14 or lin	e 19a, and line 16 is	more than 3	3 1/3% a	ind line	18 is
20	not more than 33 1/3%, check this box								
20	Private foundation. If the organizati	on did not check a	a box on line 14	, 19a, or 19b, che		instructions .			2020
							90 or 9		
						e A (Form 9	90 or 9	90-LZ)	
			Page 4				90 or 9	90-LZ)	
			Page 4				90 or 9		
Sche	dule A (Form 990 or 990-EZ) 2020		Page 4				90 or 9		age 4
	t IV Supporting Organization			1	Schedu	e A (Form 9		Pa	
	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Set	a box on line 12 o ections A and C. If	of Part I. If you o	thecked box 12a, bx 12c, of Part I, o	Schedu of Part I, complete	e A (Form 9	d B. If y	Pi ou checl	ked
Par	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section	a box on line 12 o ections A and C. If ns A and D, and co	of Part I. If you o	thecked box 12a, bx 12c, of Part I, o	Schedu of Part I, complete	e A (Form 9	d B. If y	Pi ou checl	ked
Par	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Set	a box on line 12 o ections A and C. If ns A and D, and co	of Part I. If you o	thecked box 12a, bx 12c, of Part I, o	Schedu of Part I, complete	e A (Form 9	d B. If y	Pi ou checl	ked
Par	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section ction A. All Supporting Organiz Are all of the organization's supported	a box on line 12 o ections A and C. If ns A and D, and co ations organizations list	of Part I. If you of you checked bo omplete Part V.) ed by name in t	thecked box 12a, bx 12c, of Part I, o he organization's	Schedu of Part I, complete complete Sections A governing documer	e A (Form 9 Sections A an, , D, and E. If	d B. If y	Po ou checl cked bo	ked x
Par Se	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section cction A. All Supporting Organiz	a box on line 12 o ections A and C. If ns A and D, and co ations organizations list upported organiza	of Part I. If you of you checked bo omplete Part V.) ed by name in t ations are design	thecked box 12a, bx 12c, of Part I, o he organization's bated. If designat	Schedu of Part I, complete complete Sections A governing documer	e A (Form 9 Sections A an, , D, and E. If	d B. If y you che	Po ou checl cked bo	ked x
Par Se	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section 12d, of Part I, complete Section faction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic are	a box on line 12 o ections A and C. If ns A and D, and co ations organizations list upported organiza d continuing relat	of Part I. If you of you checked bo omplete Part V.) ed by name in t ations are design cionship, explain	thecked box 12a, box 12c, of Part I, o he organization's bated. If designat	Schedu of Part I, complete complete Sections A governing documer ed by class or purpo	Sections A and , D, and E. If ts?	d B. If y	Po ou checl cked bo	ked x
Par Se	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Sec 12d, of Part I, complete Section ction A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic ar Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in	a box on line 12 o ections A and C. If ns A and D, and co ations organizations list upported organiza d continuing relat ed organization th	of Part I. If you of you checked by omplete Part V.) ed by name in t ations are design tionship, explain hat does not hav	thecked box 12a, box 12c, of Part I, o he organization's bated. If designat ve an IRS determi	Schedu of Part I, complete complete Sections A governing documer ed by class or purpo ination of status und	E A (Form 9 Sections A and , D, and E. If ts? <i>ts</i> ?	d B. If y you che	Po ou checl cked bo	ked x
Par Se 1	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section ction A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2).	a box on line 12 o ections A and C. If ns A and D, and co ations organizations list upported organiza d continuing relat ed organization th Part VI how the o	of Part I. If you of you checked bo omplete Part V.) ed by name in t titions are design tionship, explain nat does not hav organization dete	thecked box 12a, bx 12c, of Part I, o he organization's hated. If designat re an IRS determi ermined that the s	Schedu of Part I, complete complete Sections A governing documer ed by class or purpo ination of status und supported organizat	Sections A an, , D, and E. If ts? ise, ler section ion was	d B. If y you che	Po ou checl cked bo	ked x
Par Se	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Sec 12d, of Part I, complete Section ction A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic ar Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in	a box on line 12 o ections A and C. If ns A and D, and co ations organizations list upported organiza d continuing relat ed organization th Part VI how the o	of Part I. If you of you checked bo omplete Part V.) ed by name in t titions are design tionship, explain nat does not hav organization dete	thecked box 12a, bx 12c, of Part I, o he organization's hated. If designat re an IRS determi ermined that the s	Schedu of Part I, complete complete Sections A governing documer ed by class or purpo ination of status und supported organizat	Sections A an, , D, and E. If ts? ise, ler section ion was	d B. If y you che	Po ou checl cked bo	ked x
Par Se 1 2 3a	 Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section action A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2). Did the organization have a supported 3c below. 	a box on line 12 o ections A and C. If ns A and D, and co ations organizations list upported organiza d continuing relat ed organization the Part VI how the o	of Part I. If you of you checked bo omplete Part V.) ed by name in t ations are design cionship, explain hat does not hav organization dete cribed in section	thecked box 12a, bx 12c, of Part I, of the organization's bated. If designat re an IRS determi ermined that the state of t	Schedu of Part I, complete complete Sections A governing documer ed by class or purpo ination of status und supported organizat or (6)? If "Yes," ansi	Sections A and , D, and E. If ts? ts? ler section ion was wer lines 3b a	d B. If y you che	Po ou checl cked bo	ked x
Par Se 1	 Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section action A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2). Did the organization have a supported 	a box on line 12 o ections A and C. If ns A and D, and co ations organizations list <i>upported organiza</i> <i>d continuing relat</i> ed organization th Part VI how the o organization desc organization desc	of Part I. If you of you checked bo omplete Part V.) ed by name in t ations are design tionship, explain hat does not hav organization dete cribed in section	thecked box 12a, becked box 12a, be organization's he organization's hated. If designat ermined that the section 50 under section 50	Schedu of Part I, complete complete Sections A governing documer ed by class or purpo ination of status und supported organizat or (6)? If "Yes," ansu 1(c)(4), (5), or (6)	e A (Form 9 Sections A an, , D, and E. If ts? ise, ler section ion was wer lines 3b a and satisfied	d B. If y you che	Po ou checl cked bo	ked x

с	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.	3c	
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.	4a	
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.	4b	
с	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.	4c	
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).	4C 5a	
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?	5b	
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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? <i>If "Yes," provide detail in Part VI.</i>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	-	
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).	8	
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 .	9a	
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 .	9b	
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.		
		10a	
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).		
		10b	

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020
Part IV Supporting Organizations (continued)

Page 5

			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 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations			

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		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, supervised or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 1

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 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).
- з 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.

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- The organization satisfied the Activities Test. Complete line 2 below. а \square
- The organization is the parent of each of its supported organizations. Complete **line 3** below. b \square
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions) С \square

2 Activities Test. Answer lines 2a and 2b below.

1

- a 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.
- **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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? If "Yes" or "No", provide details in **Part VI**.
 - **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.

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

Sche	dule A (Form 990 or 990-EZ) 2020			Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	Section 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		
	Section 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):	1		
a	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1.4		

d Total (add lines 1a 1h and 1c)

		Yes	No
đ			
	2a		
e			
	2b		
of	За		
	3b		

Yes

1

2

з

No

		10	1	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
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		
	Section C - Distributable Amount		Current	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

Page 7

Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity		organizations, in	2	
3 Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)		5	
6 Other distributions (<i>describe in Part VI</i>). See instructio	ns		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respon	sive (<i>provide</i>	8	
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required <i>explain in Part VI</i>). See instructions.				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through eg Applied to underdistributions of prior years				
g Applied to underdistributions of prior yearsh Applied to 2020 distributable amount				
 Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) 				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2020 from Section D, line 7:				

 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. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2021. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2016		
b Excess from 2017		
c Excess from 2018		
d Excess from 2019		
e Excess from 2020		
	Schedule A (F	form 990 or 990-EZ) (2020)

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Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Return Reference

Schedule A (Form 990 or 990-EZ) 2020

Additional Data

Return to Form

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Software ID: 20011406 **Software Version:** 20.0.2.0

efile Public Visual Ren	der Objectld: 202143159349306214 - Submission: 2021-11-11	TIN: 82-2384512
Schedule B	Schedule of Contributors	OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	 Attach to Form 990, 990-EZ, or 990-PF. Go to <u>www.irs.gov/Form990</u> for the latest information. 	2020
Name of the organization		yer identification number
	82-238	4512
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	□ 501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	\Box 501(c)(3) exempt private foundation	
	\Box 4947(a)(1) nonexempt charitable trust treated as a private foundation	
	\Box 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

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 other 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 33¹/₃% 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, II, and III.

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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

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

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

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Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2020)		Page 3
Name of org	ganization OMMUNICATIONS INC	Employer identification 82-2384512	number
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

	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor	to transferee
Part I				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor	to transferee
No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
(a) No. from	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional sp	tributor. Complete columns (a) e total of exclusively religious, tructions.) ► \$ pace is needed.	through (e) and the follow charitable, etc., contributi	ring line entry. For ons of \$1,000 or less for the
	COMMUNICATIONS INC		82-2384512	entification number
Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)	Page 4		Page
			Schedule B (Fe	orm 990, 990-EZ, or 990-PF) (2020)
Part I		p	(See instructions)	
(a) No. from	(b) Description of noncash	property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncash	property given	(See instructions)	Date received
- (a) No. from	(b)		(c) FMV (or estimate)	(d)
(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
Part I			(See instructions)	
(a) No. from	(b) Description of noncash	property given	(c) FMV (or estimate)	(d) Date received
-			\$	

Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relation:	ship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relation	ship of transferor to transferee
	Transferee's name, address, and 2 (b) Purpose of gift	(e) Transfer of gift (b) Purpose of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Transfer of gift (c) Transfer of gift

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

Additional Data

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efi	le Public Visua	l Render	ObjectId: 2021431	159349306214 - Sı	ubmission: 2021	-11-1	1	TIN: 82-2384512
	HEDULE D		Sunnlemer	ntal Financial	Statements			OMB No. 1545-0047
(For	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.							2020
Depa Treas	artment of the sury	Open to Public Inspection						
Interr	nal Revenue Service		o to <u>www.irs.gov/Forn</u>	ior instructions	and the latest mo			-
	me of the organi RIOUS COMMUNICATI					-	-	ification number
					<u></u>	-	384512	
Pa			ntaining Donor Advi anization answered "Ye			or Acc	ounts.	
				(a) Donor ad			(b) Funds a	nd other accounts
1	Total number at e	end of year .						
2	Aggregate value	of contributior	ns to (during year)					
3	Aggregate value	•						
4		•	• • • • • • • • •					
5			l donors and donor advisc ct to the organization's ex				funds are the	Yes 🗌 No
6	charitable purpo	ses and not fo	I grantees, donors, and do or the benefit of the donor	r or donor advisor, or fo	r any other purpose o	be use conferr	ed only for ing impermis	
Pa		vation Ease						U Yes U No
			anization answered "Ye	es" on Form 990, Parl	t IV, line 7.			
1	Purpose(s) of co	onservation eas	sements held by the orga	nization (check all that				
	Preservation	on of land for p	oublic use (e.g., recreation	n or education)	Preservation of an	histor	ically importa	ant land area
	Protection	of natural hab	itat		Preservation of a o	certifie	d historic stru	ucture
	Preservation	on of open spa	ce					
2			if the organization held a	qualified conservation of	contribution in the fo	rm of a		
_	easement on the	,				a a	Held at t	he End of the Year
a h			easements			2a 2b		
b c	-		nents on a certified histori			20 2c		
d		ervation easem	nents included in (c) acqu			2d		
3			nents modified, transferre	ed, released, extinguish	ed, or terminated by	the or	ganization du	ring the
4	Number of state	s where prope	erty subject to conservation	on easement is located I	•			
5			written policy regarding t		-	of viola	tions.	
_	and enforcemen	t of the conse	rvation easements it hold	s?				Yes No
6	<u>۲</u>		5, 1	5. 5				5 ,
7	Amount of expenses	nses incurred	in monitoring, inspecting,	handling of violations,	and enforcing conser	vation	easements d	uring the year
8			nent reported on line 2(d) · · · · · · · · · · · · · · ·			70(h)(4)(B)(i)	Yes 🗌 No
9	balance sheet, a	and include, if	organization reports cons applicable, the text of the for conservation easemen	e footnote to the organiz				es
Pai			ntaining Collections			er Si	milar Asse	ts.
1a	If the organization historical treasure	on elected, as res, or other s	permitted under FASB AS similar assets held for pub ote to its financial statem	SC 958, not to report in lic exhibition, education	its revenue statemer , or research in furth			
b	If the organizati	on elected, as res, or other s	permitted under FASB AS similar assets held for pub	SC 958, to report in its r	evenue statement ar			
((i) Revenue includ	ed on Form 99	90, Part VIII, line 1				▶\$	
(ii)Assets included	in Form 990,	Part X · · · · · · · ·				. ►\$	
2	following amoun	nts required to	held works of art, histori be reported under FASB	ASC 958 relating to the	se items:	-		
а	Revenue include	ed on Form 990	0, Part VIII, line 1				. ►\$	
b	Assets included	in Form 990, F	Part X				. ▶\$	

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

		Pc	age 2						
Schedule	e D (Form 990) 2020								Paga
		llastions of Art H	lictori		00000000	or Oth	or Similar /	Accota (con	Page
Part II 3 Us									
ite	sing the organization's acquisition, accessio ems (check all that apply):	n, and other records,				ng that an	e a significant		lection
a	Public exhibition		d		Loan or e	xchange p	rograms		
Ь	Scholarly research		е		Other				
c	Preservation for future generations								
	ovide a description of the organization's col rt XIII.	llections and explain h	now the	ey furth	er the org	anization's	s exempt purp	ose in	
	uring the year, did the organization solicit o sets to be sold to raise funds rather than to							🗌 Yes	🗆 No
Part I	V Escrow and Custodial Arrange	ements.						0 165	
	Complete if the organization answ line 21.	vered "Yes" on Forr	n 990	, Part	IV, line 9	, or repoi	rted an amo	unt on Forn	n 990, Part X
	the organization an agent, trustee, custodi cluded on Form 990, Part X?							_	_
IIIC				• •				🗌 Yes	🗌 No
b If	"Yes," explain the arrangement in Part XIII	and complete the fol	lowing	table:				Amount	
c Be	ginning balance					1c			
d Ad	lditions during the year					1d			
e Di	stributions during the year					1e			
f En	nding balance					1f			
a Di	d the organization include an amount on Fo	orm 990, Part X, line 2	21, for	escrow	or custod	ial account	t liability?	. 🗌 Yes	No
	"Yes," explain the arrangement in Part XIII								
Part \			pianaci		been prov				
raici	Complete if the organization answ	wered "Yes" on Forr	n 990	, Part	IV, line 1	0.			
		(a) Current year	(b) P	rior yea	r (c) T	wo years ba	ck (d) Three y	vears back (e)	Four years back
a Beg	jinning of year balance								
b Con	tributions								
c Net	investment earnings, gains, and losses								
d Gra	nts or scholarships								
	er expenditures for facilities								
f Adn	ninistrative expenses								
g End	l of year balance								
Pro	avide the estimated percentage of the surr	ant year and balance	(lino 1)						
	ovide the estimated percentage of the curr	ent year enu balance	(iiiie ti	g, colu	nn (a)) he	ld as:			
	pard designated or quasi-endowment		(iiie ti	g, colu	nn (a)) he	ld as:			
a Bo			(ine ri	g, colui	mn (a)) he	ld as:			
а ^{Во} ь Ре	pard designated or quasi-endowment		(inte ri	g, colui	nn (a)) he	ld as:			
a Bo b Pe c Te Th	ard designated or quasi-endowment rmanent endowment rm endowment he percentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
a Bo b Pe c Te Th a Ar	ard designated or quasi-endowment rmanent endowment rm endowment ne percentages on lines 2a, 2b, and 2c shound re there endowment funds not in the posses	uld equal 100%.					for the		Yes No.
a Bo b Pe c Te Th a Ar or	ard designated or quasi-endowment rmanent endowment rm endowment he percentages on lines 2a, 2b, and 2c shou	uld equal 100%. ssion of the organizati					for the	. <u>3a(i)</u>	Yes No
a Bo b Pe c Te Th a Arr ory (i)	ard designated or quasi-endowment rmanent endowment rm endowment re percentages on lines 2a, 2b, and 2c shound re there endowment funds not in the posses ganization by:) Unrelated organizations	uld equal 100%. ssion of the organizati	on that	t are h	eld and ad	ministered		. 3a(i) . 3a(ii)
a Bo b Pe c Te Th a Ar or (i) (ii	ard designated or quasi-endowment rmanent endowment rm endowment re percentages on lines 2a, 2b, and 2c shound re there endowment funds not in the posses ganization by:	uld equal 100%. ssion of the organizati	on that	t are h	eld and ad	ministered)
a Bo b Pe c Te Th a Arr ory (i) b If	ard designated or quasi-endowment rmanent endowment rm endowment re percentages on lines 2a, 2b, and 2c shounds on the posses ganization by:) Unrelated organizations	Ild equal 100%. ssion of the organizati	on that	t are h	eld and ad	ministered		. 3a(ii)
a Bo b Pe c Te Th a Arr or (i) (ii) b If b De	ard designated or quasi-endowment rmanent endowment rm endowment the percentages on lines 2a, 2b, and 2c shound the percenages on lines 2a, 2b, and 2c shound the percentages	uld equal 100%. ssion of the organizations listed as required of e organization's endow	on that n Sche vment f	t are h dule R unds.	eld and ad	ministered	· · · · ·	3a(ii 3b	
a Bo b Pe c Te Th a Ar or (i) (ii) b If b If b De Part V	ard designated or quasi-endowment rmanent endowment rm endowment the percentages on lines 2a, 2b, and 2c shound the percenages on lines 2a, 2b, and 2c shound the percentages	uld equal 100%. ssion of the organizations listed as required of e organization's endow nt. wered "Yes" on Forr	on that 	t are h dule R unds.	eld and ad	ministered	 	3a(ii 3b art X, line 1	0.
a Bo b Pe c Te Th a Ar or (i) (ii) b If De Part V	ard designated or quasi-endowment rmanent endowment rm endowment the percentages on lines 2a, 2b, and 2c shound the percenages on lines 2a, 2b, and 2c shound the percentages	Ild equal 100%. ssion of the organizations listed as required of e organization's endow nt. wered "Yes" on Forr her basis (b) Cost of	on that 	t are h dule R unds.	eld and ad	ministered	· · · · ·	3a(ii 3b art X, line 1	
a Bo b Pe c Te Th a Arr or (i) (ii) b If De Part V	ard designated or quasi-endowment rmanent endowment rm endowment the percentages on lines 2a, 2b, and 2c shounds the percentages	Ild equal 100%. ssion of the organizations listed as required of e organization's endow nt. wered "Yes" on Forr her basis (b) Cost of	on that 	t are h dule R unds.	eld and ad	ministered	 	3a(ii 3b art X, line 1	0.
a Bo b Pe c Te Th a Arriorr (i) (ii) b If c De Des Des	ard designated or quasi-endowment rmanent endowment repercentages on lines 2a, 2b, and 2c shounds the percentages on lines 2a, 2b,	Ild equal 100%. ssion of the organizations listed as required of e organization's endow nt. wered "Yes" on Forr her basis (b) Cost of	on that 	t are h dule R unds.	eld and ad	ministered	 	3a(ii 3b art X, line 1	0.
a Bo b Pe c Te Th a Ar or (i) (ii) b If b If b De Part V Des	ard designated or quasi-endowment	Ild equal 100%. ssion of the organizations listed as required of e organization's endow nt. wered "Yes" on Forr her basis (b) Cost of	on that 	t are h dule R unds.	eld and ad	ministered	 	3a(ii 3b art X, line 1	0.
a Bo b Pe c Te Th 3a Arr ory (i) (ii) b If b If Part V Des La Lan b Buil c Leas	ard designated or quasi-endowment	Ild equal 100%. ssion of the organizations listed as required of e organization's endow nt. wered "Yes" on Forr her basis (b) Cost of	on that 	t are h dule R unds.	eld and ad	ministered	 	3a(ii 3b art X, line 1	0.
a Bo b Pe c Te Th 3a Arr ory (i) (ii) b If 4 De Part V Des 1a Lan b Buil c Lea: d Equ	ard designated or quasi-endowment	Ild equal 100%. ssion of the organizations listed as required of e organization's endow nt. wered "Yes" on Forr her basis (b) Cost of	on that 	dule R unds. , Part basis (o	eld and ad	ministered	 	art X, line 1 (d)	0.

Schedule D	(Form 990)	2020
Schedule D		, 2020

Part VII Investments - Other S Complete if the organiza	Securities. tion answered "Yes" on Fo	rm 990. Part IV. line	11b.	See Form 990, Pa	art X.	line 12.
(a) Description of securit (including name of securit	y or category	(b) Book value		(c) Method Cost or end-of-	d of va	luation:
(1) Financial derivatives					/	
(2) Closely-held equity interests .(3) Other						
(A) Financial derivatives and other financ	ial products					
(B) Closely-held equity interests (C)						
(D)						
(E)						
(E) (F)						
(G)						
(H)						
(I)						
Total. (Column (b) must equal Form 990, Part >						
Part VIII Investments - Progra Complete if the organization	ation answered 'Yes' on Fo	rm 990, Part IV, line	11c.	See Form 990, P	art X,	, line 13.
(a) De	escription of investment			(b) Book value		Method of valuation: or end-of-year market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Column (b) must equal Form 990, Part >	<, col.(B) line 13.)		٨			
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' on For (a) Description	m 990, Part IV, line	11d.	See Form 990, Part	X, lin	e 15. (b) Book value
(2)	(u) Description					
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Column (b) must equal Form 990	, Part X, col.(B) line 15.)	<u> </u>			•	
Part X Other Liabilities.						

 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

 (a) Description of liability

 (b) Book value

 (b) Book value 1.

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	
(9)		
(8)		
(7)		
(6)		
(5)		
(4)		
(3)		
(2)		
(1) Federal income taxes		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

	Page 4		
	dule D (Form 990) 2020 rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return.	Page 4
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return	•
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	rt XIII Supplemental Information		
Pro	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	t V, line 4	; Part X, line 2; Part XI,
	Return Reference Explanation		
		Schedu	ıle D (Form 990) 2020

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,	For certain	n Officers, Directors, 1 Compensi	Frustees, Key Emp ated Employees	oyees, and High	est	20	2			
Complete in the organization answered Tes on Form 550, Part 17, the 25.					ZU		U			
partment	of the Go to www	Attacl <u>irs.gov/Form990</u> for	n to Form 990. r instructions and t	he latest inform	ation.	Open t	o Pu	blic		
asury emal Reve	enue Service						ectio			
ame of t	he organization			I	mployer identifi	cation nu	mber			
JRIOUS C	COMMUNICATIONS INC			\$	32-2384512					
art I	Questions Regarding Com	nensation			2 2304312					
CITC A	Questions Regularing com	penoution					Yes	No		
Chec 990,	k the appropiate box(es) if the orga Part VII, Section A, line 1a. Comple	nization provided any o ete Part III to provide ar	f the following to or ny relevant information	or a person listed on regarding these	on Form items.					
	First-class or charter travel		Housing allowance	or residence for p	ersonal use					
	Travel for companions		Payments for busin	ess use of persona	al residence					
	Tax idemnification and gross-up pa	ayments 🗌	Health or social clu	b dues or initiation	n fees					
	Discretionary spending account		Personal services (e.g., maid, chauffe	eur, chef)					
If an	y of the boxes on Line 1a are check bursement or provision of all of the	ed, did the organization	follow a written poli	cy regarding paym	ent or					
	he organization require substantiati					1b				
	tors, trustees, officers, including the				1a?	2				
orga	ate which, if any, of the following th nization's CEO/Executive Director. C by a related organization to establi	heck all that apply. Do r	not check any boxes	for methods						
	Compensation committee		Written employmer	nt contract						
Ō	Independent compensation consul		Compensation surv							
\Box	Form 990 of other organizations		Approval by the bo		on committee					
Durir relat	ng the year, did any person listed or ed organization:	a Form 990, Part VII, Se	ction A, line 1a, with	respect to the fili	ng organization or	a				
Rece	ive a severance payment or change	-of-control payment? .				4a				
Parti	cipate in, or receive payment from,	a supplemental nonqual	lified retirement plan	?		4b				
Parti	cipate in, or receive payment from,	an equity-based compe	nsation arrangement	?		4c				
If "Ye	es" to any of lines 4a-c, list the pers	ons and provide the app	plicable amounts for	each item in Part 1	II.					
Only	501(c)(3), 501(c)(4), and 501	(c)(29) organizations	must complete lin	es 5-9.						
For p	ersons listed on Form 990, Part VII	, Section A, line 1a, did								
	pensation contingent on the revenue		,							
The	organization?					5a		No		
	related organization? es," on line 5a or 5b, describe in Pa					5b		No		
For p	persons listed on Form 990, Part VII pensation contingent on the net ear	, Section A, line 1a, did	the organization pay	or accrue any						
The	organization?					6a		No		
	related organization?					6b		No		
If "Ye	es," on line 6a or 6b, describe in Par	t III.								
For p payn	ersons listed on Form 990, Part VII nents not described in lines 5 and 6	, Section A, line 1a, did ? If "Yes," describe in Pa	the organization pro art III	vide any nonfixed		7		No		
subje	e any amounts reported on Form 99 ect to the initial contract exception or rt III .	lescribed in Regulations	section 53.4958-4(a)(3)? If "Yes," des	cribe					
in Pa	rt III				• •	8		No		
If "Ye 53.4	es" on line 8, did the organization a 958-6(c)? .	so follow the rebuttable	presumption proced	ure described in R	egulations section	9				
				Cat. No. 50				202		

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (F) Compensation in column (B) reported as (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC (C) Retirement (D) Nontaxable (E) Total of and other deferred columns (B)(i)-(D) compensation benefits (i) Base (ii) Bonus & (iii) Other compensation reportable compensation deferred on prior Form 990 incentive compensation compensation 1 LAURA FLANDERS DIRECTOR (i) - - - - - - - - -. - - - - - - - ------ - - - - - -. - - - - - - - - - -- - - -(ii) - - - -- - - -- - - -- - - - -- - - - - -- - - -

Page **2**

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						Sci	hedule J (Form 990) 2020
			Page 3				
Schedule J (Form 990) 2020	-found tion						Page 3
Provide the information, explana	tion, or descriptions required for Part I, line	es 1a, 1b, 3, 4a, 4b, 4c,	5a, 5b, 6a, 6b, 7,	and 8, and for Par	t II. Also complete	this part for any a	dditional information.
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SCHEDULE O (Form 990 or 990-	Supplementa						2020
EZ)	Complete to provi Form 990 or	990-EZ or to pro	ovide any ad	ditional info		n	
Department of the Treasury	► Go to <u>ww</u>	Attach to Fo <u>vw.irs.gov/Form</u>			nation.		Open to Public Inspection
Ntarnal of the beganzatio	n				Emp	loyer identif	ication number
CURIOUS COMMUNICATION	SINC				82-2	384512	
Return			Explanat	ion			
Reference							
Part IX, Line	DE LABOR FEES PAID TO OU	TSIDE CONTRA	CIORS NOT	ON PAYROL	L		
11G			F7			0	
or Paperwork Reduction	Act Notice, see the Instructions f	or Form 990 or 990	-⊏∠. Cat. N	lo. 51056K		Scheanle O (F	Form 990 or 990-EZ) 202

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