



[Redacted]

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private... If "Yes," complete Schedule A	1	
2	Is the organization primarily for the completion of Schedule B, Schedule of Contributors?	2	
3	Did the organization engage in political campaign activities in support of or in opposition to any candidate for public office? If "Yes," complete Schedule C, Part I	3	
4	Section 501(c)(3) organizations: Did the organization engage in lobbying activities, other than communication 501(c)(3) exempt activities? If "Yes," complete Schedule C, Part II	4	
5	Is the organization a 501(c)(4), 501(c)(9), or 501(c)(29) organization that is a 501(c)(3) organization's similar organization? If "Yes," complete Schedule C, Part III	5	
6	Did the organization have a political organization? If "Yes," complete Schedule D, Part I	6	
7	Did the organization have a political organization? If "Yes," complete Schedule D, Part II	7	
8	Did the organization have a political organization? If "Yes," complete Schedule D, Part III	8	
9	Did the organization have a political organization? If "Yes," complete Schedule D, Part IV	9	
10	Did the organization have a political organization? If "Yes," complete Schedule D, Part V	10	
11	Did the organization have a political organization? If "Yes," complete Schedule D, Part VI	11a	
a	Did the organization have a political organization? If "Yes," complete Schedule D, Part VII	11b	
b	Did the organization have a political organization? If "Yes," complete Schedule D, Part VIII	11c	
c	Did the organization have a political organization? If "Yes," complete Schedule D, Part IX	11d	
d	Did the organization have a political organization? If "Yes," complete Schedule D, Part X	11e	
e	Did the organization have a political organization? If "Yes," complete Schedule D, Part X	11f	
f	Did the organization have a political organization? If "Yes," complete Schedule D, Part X	11f	
12a	Did the organization have a political organization? If "Yes," complete Schedule D, Parts XI and XII	12a	
b	Did the organization have a political organization? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	
13	Did the organization have a political organization? If "Yes," complete Schedule E	13	
14a	Did the organization have a political organization? If "Yes," complete Schedule F, Parts I and IV	14a	
b	Did the organization have a political organization? If "Yes," complete Schedule F, Parts II and IV	14b	
15	Did the organization have a political organization? If "Yes," complete Schedule F, Parts III and IV	15	
16	Did the organization have a political organization? If "Yes," complete Schedule G, Part I	16	
17	Did the organization have a political organization? If "Yes," complete Schedule G, Part II	17	
18	Did the organization have a political organization? If "Yes," complete Schedule G, Part III	18	
19	Did the organization have a political organization? If "Yes," complete Schedule H	19	
20a	Did the organization have a political organization? If "Yes," complete Schedule I, Parts I and II	20a	
b	Did the organization have a political organization? If "Yes," complete Schedule I, Parts I and II	20b	
21	Did the organization have a political organization? If "Yes," complete Schedule I, Parts I and II	21	



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

		(A)		(B)
Assets	1		1	
	2		2	
	3		3	
	4		4	
	5			
			5	
	6			
			6	
	7		7	
	8		8	
	9		9	
	10a			
		10a		
	b	10b		10c
	11		11	
	12		12	
13		13		
14		14		
15		15		
16	Total assets		16	
Liabilities	17		17	
	18		18	
	19		19	
	20		20	
	21		21	
	22			
			22	
	23		23	
	24		24	
	25			
		25		
26		26		
27				
28				
29				
30				
31				
32				
33				

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,400,528.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,360,677.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,039,851.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,476,801.
5	Net unrealized gains (losses) on investments	5	301,445.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,818,097.

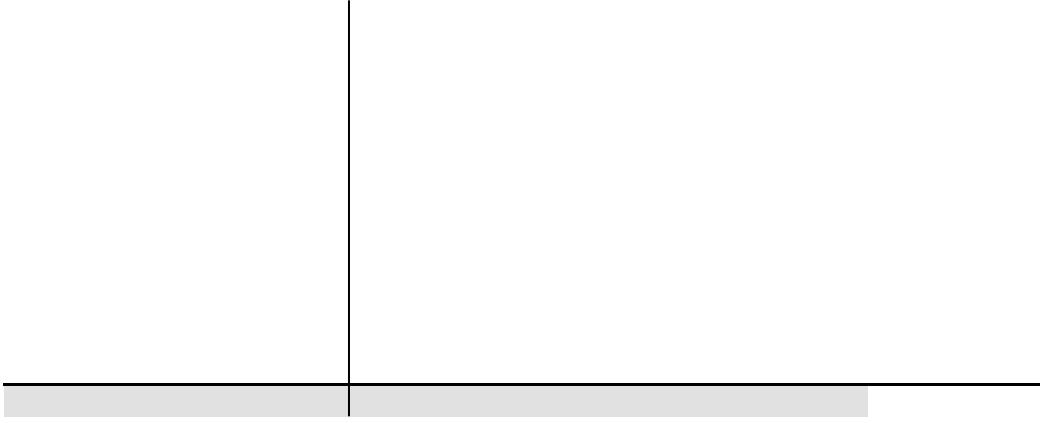
Part XII Financial Statements and Reporting

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

		X	
		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis Consolidated basis Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

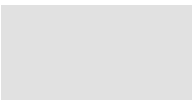
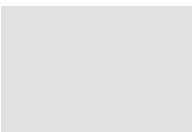
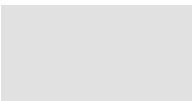
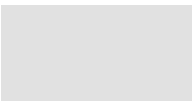
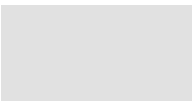
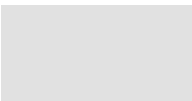
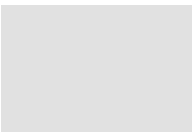
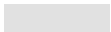


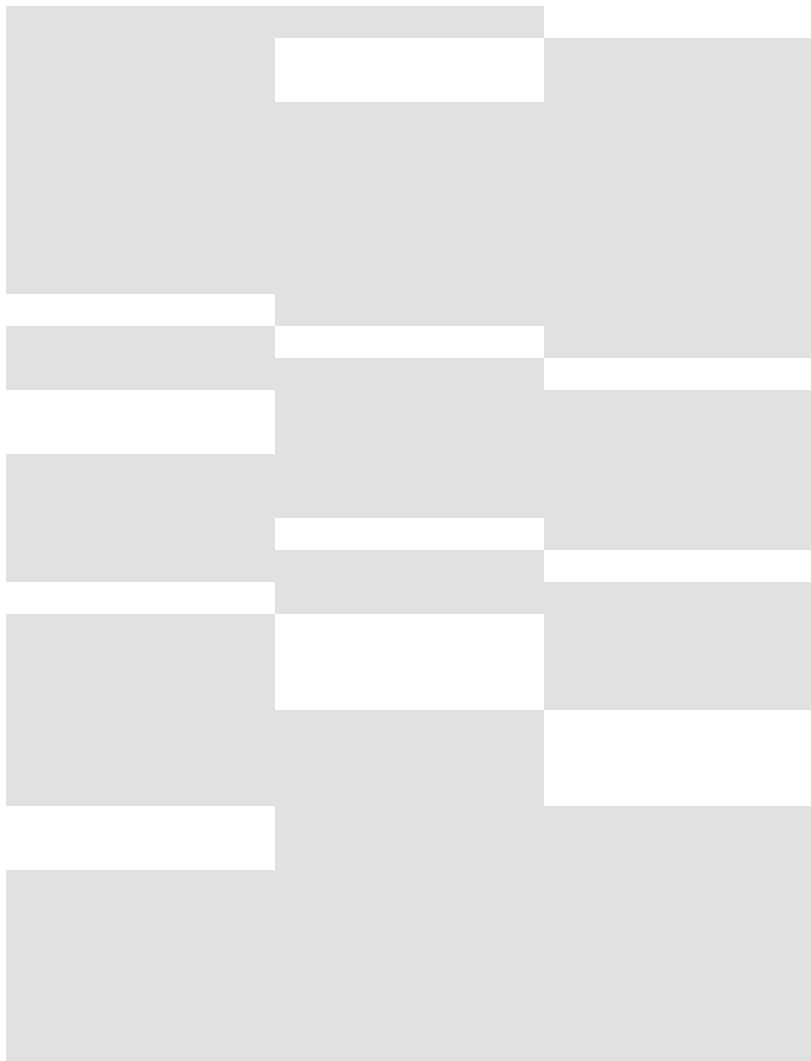






		Yes	No
1	Part VI		
2	Part VI		
3			
4			
5			
6			
7			
8			
9			
10			





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.)

Lined area for supplemental information.

(Form 990)

Department of the Treasury
Internal Revenue Service


OMB No. 1545-0047


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	W(s.p.:wt T)s:-u.w'cp%htpf

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1
2
a
b
c
d
e 2a 2d
3 2e 1
4
a
b
c 4a 4b
5 3 4c

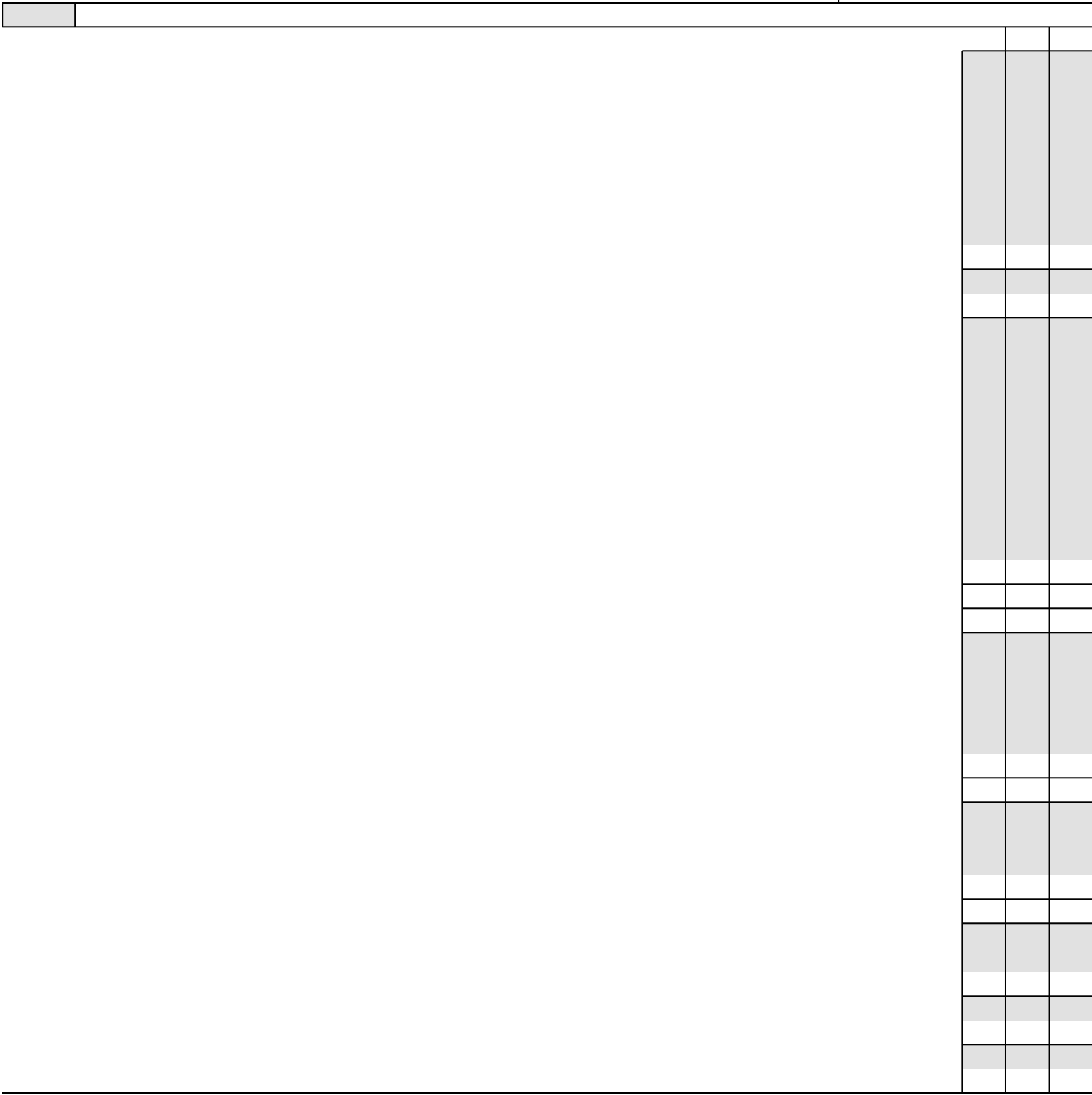
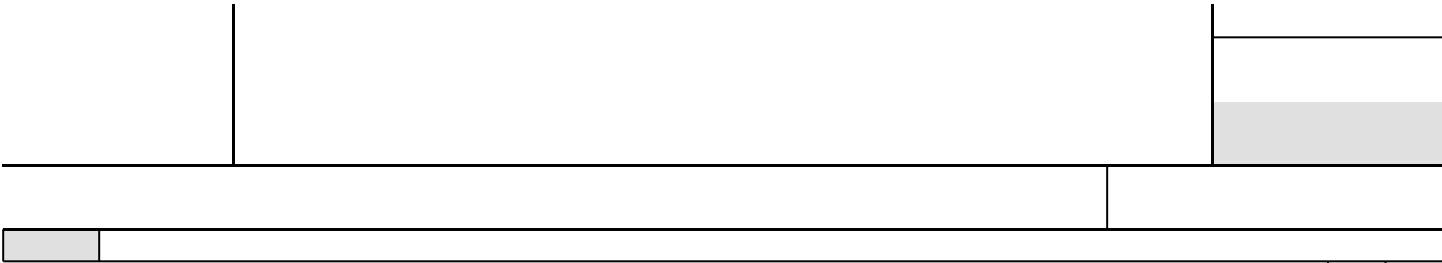
2a
2b
2c
2d

1
2e
3

4a
4b



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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 i

Note: hose #

(A)	(B)			(C)	(D)	(E)	(F)
	(i)	(ii)	(iii)				
	(i)						
	(ii)						
	(i)						
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	(i)						
	(ii)						
	(i)						
	(ii)						

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

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2020 DEPRECIATION AND AMORTIZATION REPORT

Asset No.		Date Acquired														
Asset No.			Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis									
Asset No.			C o v													

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

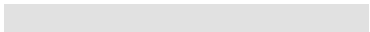
990

Asset No.	Description	Date Acquired	Method	Life	C o v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec. 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ACQUI SITIO NS						74, 844.			0	74, 844.	0			10, 791.
	DISPOSITIO NS/RETI RED						0.			0	0	0			0
	ENDI NG BALANCE						1, 023, 598			0	1, 023, 598	815, 216			865, 887.
	ENDI NG ACCUMIDEPR											865, 887.			
	ENDI NG BOOK VALUE											157, 711.			

028111 04-01-20 (D) - Asset disposed * ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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