•	i			1	Short Form		OMB No 1545-0047
	_	qq	10-EZ	Retur	n of Organization Exempt From Income Tax		8888
	lorn	. •			1(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation	2001	2020
				Under Section 50	(10), 327, or 4547(a)(1) or the internal nevenue code (except private roundation	1	
				▶ Do no	t enter social security numbers on this form, as it may be made publica 🦼	$\overline{}$	Open to Public
			I the Treasury	1	o www.irs.gov/Form990EZ for instructions and the latest information, 少		Inspection
			nue Service	<u> </u>			
		or the		ar year, or tax year  C Name of organiz			entification number 21
	_	neck if ap \ddress (		EMMA			540175
	7=1	Name cha	-		for P.O. box if mail is not delivered to street address) 71 Room/suite E. Telephi	one ni	umber
		nitial retui	rn		1000 Rd	7 (	650-8654
	75	inal retui Amended	n/terminated		pr province, country, and ZIP or foreign postal code		
	7=		n pending	GRAY	MYE 04039 UD Numb		
	G A	ccoun	ing Method	Cash	ccrual Other (specify) ► H Check ►		f the organization is not
		/ebsite		VA.			ach Schedule B
	J Ta	ax-exer	npt status (che	eck only one) — 🔀			)-EZ, or 990-PF)
			organization	77 '		PI	<u>T</u>
					rmine gross receipts. If gross receipts are \$200,000 or more, or if total assets file Form 990 instead of Form 990-FZ		
						\$	for Port I\
		art I		•	nd Changes in Net Assets or Fund Balances (see the instruct used Schedule O to respond to any question in this Part I	10115	ior Part I)
	7:	1			and similar amounts received	1	49665
	71	2			cluding government fees and contracts	2	: 1 (8 (8
	7:	3	_	up dues and asse	~ ~ ~	3	
	71	4	Investment			4	
	_	5a	Gross amo	ount from sale of	assets other than inventory 5a	11/2	
		ь			)		
		С			, , , , , , , , , , , , , , , , , , ,	5с	
		6		nd fundraising ev	I IN		
	n)	а		ome from gam	ing (attach Schedule G if greater than		
	Revenue	<b>\</b>	\$15,000)		6a	SERVER.	
٠.	eve	b			sing events (not including \$ of contributions	~ .	
CANNED	ř			-	ported on line 1) (attach Schedule G if the and contributions exceeds \$15,000)	.	
Ž		С			gaming and fundraising events 6c 5g	,, ,	
S		d		· ·		*	
顶			line 6c)	, ,		6d	
V		7a	Gross sale	s of inventory, le	ss returns and allowances 7a		, , , , , , , , , , , , , , , , , , , ,
APR		ь	Less cost	of goods sold	. 7b	100	
R		С				7c	·····
p-ml		8		nue (describe in		8	
80		9			2, 3, 4, 5c, 6d, 7c, and 8	9	99665
2022		10				10	
13	"	11 12		aid to or for mem	on, and employee benefits 2.	11 12	49185
	Se	13	•	,	10 m	13	1535
	Expenses	14				14	<u> </u>
	EX	15			age and shipping	15	
		16				16	27872
		17	Total expe	enses. Add lines	10 through 16	17	48945
	S	18				18	21073
	Net Assets	19			es at beginning of year (from line 27, column (A)) (must agree with	, 1	
	As			-		19	54 339
	Net	20				20	
		21	ivet assets	or tund balance	s at end of year. Combine lines 18 through 20	21	75413

For Paperwork Reduction Act Notice, see the separate instructions.

9-14

Form 990-EZ (2020)

Cat No 106421

Form 990-EZ (2020)

Chack if the organization used Schedule O to respond to any question in this Part II  22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe in Schedule O) 25 Total assets 25 Total assets 26 Total slighties (describe in Schedule O) 26 Total subtilities (describe in Schedule O) 27 Total assets 28 Total subtilities (describe in Schedule O) 28 Total subtilities (describe in Schedule O) 29 Check If the organization spranger service Accomplishments (ace the instructions for Part III) 20 Check If the organization used Schedule O to respond to any question in this Part III 21 Check If the organization spranger service accomplishments (ace the instructions for Part III) 22 Check If the organization spranger service accomplishments (ace the instructions for Part III) 23 Check II the organization spranger service accomplishments (ace the instructions for Part III) 24 Check III the organization spranger service accomplishments (ace ach of its three largest program services in services the services provided, the number of services because the organizations program service accomplishments (ace ach of its three largest program services in services the services provided, the number of services the services provided, the number of services and provided and other relevant information for each program intervent the services provided, the number of services and provided and other relevant information for each program intervent the services provided, the number of services and sometiments of each of its three largest provided in the part III 28 TO FORM OF SERVICES (Check III) 29 EASTEN TYS III (III) 20 (Grants S			ne instructions f	or Part II)				
22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe in Schedule O) 25 Total assets 26 Total liabilities (describe in Schedule O) 27 Net assets of fund balances (line 27 of column (B) must agree with line 21) 28 Total liabilities (describe in Schedule O) 29 Net assets or fund balances (line 27 of column (B) must agree with line 21) 29 Total liabilities (describe in Schedule O) 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Total liabilities (describe in Schedule O) to respond to any question in this Part III 29 Check if the organization's pringram service accomplishments for each of its three largest program services of others) 28 Total program service accomplishments for each of its three largest program services of others) 29 PASTON RESIDENTIAL COMMUNITY SECVICES FOY NUNGEN 29 PASTON RESIDENTIAL COMMUNITY SECVICES FOY NUNGEN 29 PASTON RESIDENTIAL AT NUNSING NAMES VIA 30 (Grants \$ ) If this amount includes foreign grants, check here		Check if the organization	used Schedule	O to respond to an	ny question in this	Part II		
Land and buildings  24 Other assets (describe in Schedule O)  25 Total assets  26 Total liabilities (describe in Schedule O)  27 Net assets or fund balances (time 27 of column (B) must agree with line 21)  28 Total liabilities (describe in Schedule O)  29 Net assets or fund balances (time 27 of column (B) must agree with line 21)  29 Check if the organization service Accomplishments (see the instructions for Part III)  20 Check if the organization used Schedule O to respond to any question in this Part III  21 Expenses (Pacquired for section Strick)  22 Expenses (Pacquired for section Strick)  23 Total is the organization's program service accomplishments for each of its three largest program services is measured by expenses in a clear and concise manner, describe the services provided, the number of program services and concise manner, describe the services provided, the number of program services and concise manner, describe the services program services of the services of the services program services of the services of the services program services of the serv								(B) End of year
24 Other assets (describe in Schedule O) 25 Total assets 26 Total assets 27 Total assets 28 Total assets or fund balances (line 27 of column (B) must agree with line 21)  28 Total assets or fund balances (line 27 of column (B) must agree with line 21)  29 Total assets or fund balances (line 27 of column (B) must agree with line 21)  29 Total assets or fund balances (line 27 of column (B) must agree with line 21)  20 Total assets or fund balances (line 27 of column (B) must agree with line 21)  21 Total assets or fund balances (line 27 of column (B) must agree with line 21)  22 Total assets  33 Total assets  34 Total assets  35 Total assets  35 Total assets  36 Expenses  47 Total assets  48 Expenses  48 Expenses  48 Expenses  48 Expenses  49 Featured for section  50 Total assets  60 Total program service accomplishments (see the instructions for Part III)  60 Total program service accepts and concise manner, despribe the services provided, the number of one part and concise manner, despribe the services provided, the number of one part and concise manner, despribe the services provided, the number of one part asset program services (ascide and other relevant information for each program itele.  60 Total program service accepts and concise manner, despribe the services provided, the number of one part and accepts and concise manner, despribe the services provided, the number of one part and accepts and concise manner, despribe the services provided, the number of one part and accepts and concise manner, despribe the services provided, the number of one part and accepts and concise manner, despribe the services provided, the number of one part and accepts and	22 (	Cash, savings, and investments	•			54339	22	75412
Total liabilities (describe in Schedule O)  7 Net assets or fund balances (line 27 of column (B) must agree with line 21)  7 Net assets or fund balances (line 27 of column (B) must agree with line 21)  7 Net assets or fund balances (line 27 of column (B) must agree with line 21)  7 Net assets or fund balances (line 27 of column (B) must agree with line 21)  7 Net assets or fund balances (line 27 of column (B) must agree with line 21)  7 Net assets or fund balances (line 27 of column (B) must agree with line 21)  7 Net assets or fund balances (line 27 of column (B) must agree with line 21)  7 Net assets or fund balances (line 27 of column (B) must agree with line 21)  7 Net assets or fund balances (line 27 of column (B) must agree with line 21)  7 Net assets or fund balances (line 27 of column (B) must agree with line 21)  7 Net assets or fund balances (line 27 of column (B) must agree with line 21)  7 Net assets or fund balances (line 27 of column (B) must agree with line 21)  7 Net assets or fund balances (line 27 of column (B) must agree with line 21)  7 Net assets or fund balances (line 27 of column (B) must agree with line 21)  8 Net assets or fund balances (line 28 assets (li	<b>23</b> l	Laind and buildings					23	
Total liabilities (describe in Schedule O)  Net assets or fund balances (line 27 of column (B) must agree with line 21)  Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III) Check if the organization's program service accomplishments for each of its three largest program services, is measured by expenses in a clear and concise manner, describe the services provided, the number of sersons benefited, and other relevant information for each program title.  To provide Community Services 1. If this amount includes foreign grants, check here  Pastor result of this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreig	24 (	Other assets (describe in Sched	lule O)				24	
Total liabilities (describe in Schedule O)  Net assets or fund balances (line 27 of column (B) must agree with line 21)  Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III) Check if the organization's program service accomplishments for each of its three largest program services, is measured by expenses in a clear and concise manner, describe the services provided, the number of sersons benefited, and other relevant information for each program title.  To provide Community Services 1. If this amount includes foreign grants, check here  Pastor result of this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreig						54339	25	75412
Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's primary exempt purpose?  What is the organization's primary exempt purpose?  What is the organization's primary exempt purpose?  Christ an Ministry Describe the organization's program service accomplishments for each of its three largest program services in a clear and concise manner, describe the services provided, the number of tersions benefited, and other relevant information for each program title.  28  To provide Community Services  To provide Community Services  If this amount includes foreign grants, check here  Part of the program service expenses (add lines 28a through 31a)  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign	26	<b>Fotal liabilities</b> (describe in Sch	nedule O)				26	
Check if the organization used Schedule O to respond to any question in this Part III  Expenses What is the organization's primary exempt purpose?  Charlet An Ministry Discribe the organization's primary exempt purpose?  Charlet An Ministry Discribe the organization's program service accomplishments for each of its three largest program services, is measured by expenses in a clear and concise manner, describe the services provided, the number of others of the services provided to the services provided to the number of others of the services provided to the services provided to the number of others of the services provided to the number of others of the services provided to the number of others of the services provided to the number of others of the services provided to the number of others of the number of others of the number of others of the number of other				(B) must agree with	n line 21)	54339	27	7541a
What is the organization's primary exempt purpose?  Christian Ministry Describe the organization's program service accomplishments for each of its three largest program services, is measured by expenses in a clear and concise manner, describe the services provided, the number of others)  28	Part II	Statement of Program	Service Accom	plishments (see th	e instructions for F	art III)		
what is the organization's primary exempt purpose.  CYITST (AY)   VIITED TAY   VII		Check if the organization	used Schedule	O to respond to an	ny question in this	Part III 🔛	ľ	•
rescribe the organization's program service accomplishments for each of its three largest program services, somewhat it is a clear and concise manner, describe the services provided, the number of erisons benefited, and other relevant information for each program title.  28	Vhat is	the organization's primary exer	mpt purpose?	Christ	tian Min	istry		
If this amount includes foreign grants, check here   29a	Describ	e the organization's program s	service accomplis	shments for each o	f its three largest of	rogram services.		
To provide Community Services for hunger   5000	is mea	sured by expenses in a clear	and concise m	anner, describe the	e services provided	, the number of	other	rs)
Grants					es for lour	VO BIC		<u></u>
Community   Comm		o provide	المراجعة المراجعة المراجعة	NO 13			)	Ì
Grants \$   ) If this amount includes foreign grants, check here   28a		ortzabi ordi		Mar			}	5000
Pactor residents at NWSING hames via   17734     (Grants \$   ) If this amount includes foreign grants, check here   29a     (Grants \$   ) If this amount includes foreign grants, check here   30a     (Grants \$   ) If this amount includes foreign grants, check here   31a     (Grants \$   ) If this amount includes foreign grants, check here   31a     (Grants \$   ) If this amount includes foreign grants, check here   31a     (Grants \$   ) If this amount includes foreign grants, check here   31a     (Grants \$   ) If this amount includes foreign grants, check here   31a     (Grants \$   ) If this amount includes foreign grants, check here   31a     (Grants \$   ) If this amount includes foreign grants, check here   31a     (Grants \$   ) If this amount includes foreign grants, check here   31a     (Grants \$   ) If this amount includes foreign grants, check here   31a     (Grants \$   ) If this amount includes foreign grants, check here   30a     (Grants \$   ) If this amount includes foreign grants, check here   30a     (Grants \$   ) If this amount includes foreign grants, check here   30a     (Grants \$   ) If this amount includes foreign grants, check here   30a     (Grants \$   ) If this amount includes foreign grants, check here   30a     (Grants \$   ) If this amount includes foreign grants, check here   30a     (Grants \$   ) If this amount includes foreign grants, check here   30a     (Grants \$   ) If this amount includes foreign grants, check here   30a     (Grants \$   ) If this amount includes foreign grants, check here   30a     (Grants \$   ) If this amount includes foreign grants, check here   30a     (Grants \$   ) If this amount includes foreign grants, check here   30a     (Grants \$   ) If this amount includes foreign grants, check here   30a     (Grants \$   ) If this amount includes foreign grants, check here   30a     (Grants \$   ) If this amount includes foreign grants, check here   30a     (Grants \$   ) If this amount includes foreign grants, check here   30a     (Grants \$   ) If this amount includes foreign	72 16	rants \$	) If this amount	includes foreign are	ints check here	<b>.</b> [7]	282	
(Grants \$ ) If this amount includes foreign grants, check here 29a  (Grants \$ ) If this amount includes foreign grants, check here 29a  (Grants \$ ) If this amount includes foreign grants, check here 30a  (Grants \$ ) If this amount includes foreign grants, check here 31a  31 Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here 31a  32 Total program service expenses (add lines 28a through 31a)		Pachena					-50	<del> </del>
(Grants \$ ) If this amount includes foreign grants, check here 29a  (Grants \$ ) If this amount includes foreign grants, check here 30a  (Grants \$ ) If this amount includes foreign grants, check here 31a  31 Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here 31a  32 Total program service expenses (add lines 28a through 31a) 32 /2 73 4  Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)  (b) Average (c) Reportable (c) (d) Health benefits, confinbutions to employee benefit plans, and deferred compensation of the compensation (finot paid, enter -0-)  (a) Name and title (e) Estimated amount to other compensation (finot paid, enter -0-)  (b) Average (c) Reportable (c) (d) Health benefits, confinbutions to employee benefit plans, and deferred compensation of deferred compensation of the compens			BAU ALDE	N.V. 121836	-7 (701) 12 2 A.(0	V	}	1
Grants \$   If this amount includes foreign grants, check here		WKE1419 DI.DIE					}	Mener
(Grants \$ ) If this amount includes foreign grants, check here	···	rante \$	) If this amount	includes foreign are	ints check here	<b>.</b> [7]	200	1137
(Grants \$ ) If this amount includes foreign grants, check here		iains a	) it this amount	moludes foreign gra	ino, dieck here		230	
31 Other program services (describe in Schedule O)  (Grants \$   ) If this amount includes foreign grants, check here  32   33   34    Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)  Check if the organization used Schedule O to respond to any question in this Part IV  (b) Average hours per week devoted to position  (c) Reportable compensation  (d) Health benefits, contributions to employee (e) Estimated amount of other compensation)  (fin not paid, enter -0-)  WILLIAM Left TR/(left NONE NONE NONE  ROBERT TS (aumier) Director NONE NONE  ROBERT TS (aumier) Director NONE NONE							]	]
31 Other program services (describe in Schedule O)  (Grants \$   ) If this amount includes foreign grants, check here  32   33   34    Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)  Check if the organization used Schedule O to respond to any question in this Part IV  (b) Average hours per week devoted to position  (c) Reportable compensation  (d) Health benefits, contributions to employee (e) Estimated amount of other compensation)  (fin not paid, enter -0-)  WILLIAM Left TR/(left NONE NONE NONE  ROBERT TS (aumier) Director NONE NONE  ROBERT TS (aumier) Director NONE NONE							)	
31 Other program services (describe in Schedule O)  (Grants \$   If this amount includes foreign grants, check here   31a    32 Total program service expenses (add lines 28a through 31a)   32   7344  Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV Check if the organization used Schedule O to respond to any question in this Part IV (d) Health benefits, contributions to employee hours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-)  WILLIAM Left TR/Clerk NONE NONE  RODER MINER SECTETARY NONE NONE  RODER TS (aum 1977) Irector NONE NONE	<i>;</i> ;	rante C	) If this amount	includes forces and	inte chook bara		30-	]
Grants \$	<u> </u>			meludes foreign gra	ins, check here		SUA	<del> </del>
Total program service expenses (add lines 28a through 31a)  Part IV  List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)  Check if the organization used Schedule O to respond to any question in this Part IV  (b) Average hours per week devoted to position  (c) Reportable of Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  (d) Health benefits, contributions to employee benefit plans, and deferred compensation of the compensation of th		· -		includer forces : :	unto aboat bura	▶ □	21-	The man Stranger Mar-
Check if the organization used Schedule O to respond to any question in this Part IV  (b) Average hours per week devoted to position  (c) Reportable compensation (G) Health benefits, contributions to employee benefit plans, and deferred compensation  (b) Average hours per week devoted to position  (c) Reportable contributions to employee benefit plans, and deferred compensation  (c) Reportable contributions to employee benefit plans, and deferred compensation  (d) Health benefits, contributions to employee benefit plans, and deferred compensation  (e) Estimated amount of the compensation of the compensation of the compensation  (forms W-2/1099-MISC) (if not paid, enter -0-)					ints, check here			12-7211
(a) Name and title  (b) Average hours per week devoted to position  (c) Reportable compensation (compensation (contributions to employee benefit plans, and deferred compensation other compensation (if not paid, enter -0-)  WILLIAM LEEK TRICIETE NONE NONE  RODERT MINIER/SECRETURY NONE NONE  RODERT 13 (aumier/Director NONE NONE	art I							
(a) Name and title  (b) Nerdeg  (compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  (If not paid, enter -0-)  (If not paid, enter -0-)  (RODER MINER/SECTETARY  NONE  NONE  NONE  NONE  RODER BEAUMIET/Director  NONE  NONE  NONE  NONE  NONE		List of Officers, Directors,	Trustees, and Key	Employees (list each	one even if not comp	pensated-see the in	nstruc	tions for Part IV)
hours per week devoted to position  None  None  Robert Taeaumer/Director  None							nstruc	tions for Part IV)
William Leek JR/Clerk NONE NONE  Robert Miller/Secretary NONE NONE  Robert Beaumer/Director NONE NONE				O to respond to ar	y question in this (c) Reportable	Part IV . (d) Health benefits,	Т	
Robert Beaumer/Director NONE NONE  Robert Beaumer/Director NONE NONE		Check if the organization		O to respond to as (b) Average hours per week	(c) Reportable compensation	Part IV .  (d) Health benefits, contributions to employ	ee (e)	Estimated amount o
Robert Beaumer/Director NONE NONE  Robert Beaumer/Director NONE NONE		Check if the organization		O to respond to as (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
Robert Beaumer/Director NONE NONE  Robert Beaumer/Director NONE NONE		Check if the organization (a) Name and title	used Schedule	O to respond to as (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
Robert Beaumer/Director NONE NONE		Check if the organization (a) Name and title	used Schedule	O to respond to as (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
Robert Beaumer/Director NONE NONE	W:II	Check if the organization  (a) Name and title  (CIM   LEK JR/(LE	used Schedule	O to respond to an (b) Average hours per week devoted to position	(c) Reportable (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
210:7	W:II	Check if the organization  (a) Name and title  (CIM   LEK JR/(LE	used Schedule	O to respond to an (b) Average hours per week devoted to position	(c) Reportable (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
01017	Will Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  ACT MILLER/SECT	used Schedule	O to respond to an (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
Dale Carlson / President 20his 31717	Will Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  ACT MILLER/SECT	used Schedule	O to respond to an (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
	Will Rok Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  LICH MILLER/SECT  DET # 13 FOLL MER/	etary	O to respond to an (b) Average hours per week devoted to position  NONE  NONE  NONE	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
	Will Rok Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  LICH MILLER/SECT  DET # 13 FOLL MER/	etary	O to respond to an (b) Average hours per week devoted to position  NONE  NONE  NONE	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
	Will Rok Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  LICH MILLER/SECT  DET # 13 FOLL MER/	etary	O to respond to an (b) Average hours per week devoted to position  NONE  NONE  NONE	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
	Will Rok Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  LICH MILLER/SECT  DET # 13 FOLL MER/	etary	O to respond to an (b) Average hours per week devoted to position  NONE  NONE  NONE	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
	Will Rok Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  LICH MILLER/SECT  DET # 13 FOLL MER/	etary	O to respond to an (b) Average hours per week devoted to position  NONE  NONE  NONE	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
	Will Rok Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  LICH MILLER/SECT  DET # 13 FOLL MER/	etary	O to respond to an (b) Average hours per week devoted to position  NONE  NONE  NONE	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
	Will Rok Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  LICH MILLER/SECT  DET # 13 FOLL MER/	etary	O to respond to an (b) Average hours per week devoted to position  NONE  NONE  NONE	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
	Will Rok Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  LICH MILLER/SECT  DET # 13 FOLL MER/	etary	O to respond to an (b) Average hours per week devoted to position  NONE  NONE  NONE	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
	Will Rok Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  LICH MILLER/SECT  DET # 13 FOLL MER/	etary	O to respond to an (b) Average hours per week devoted to position  NONE  NONE  NONE	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
	Will Rok Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  LICH MILLER/SECT  DET # 13 FOLL MER/	etary	O to respond to an (b) Average hours per week devoted to position  NONE  NONE  NONE	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
	Will Rok Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  LICH MILLER/SECT  DET # 13 FOLL MER/	etary	O to respond to an (b) Average hours per week devoted to position  NONE  NONE  NONE	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
	Will Rok Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  LICH MILLER/SECT  DET # 13 FOLL MER/	etary	O to respond to an (b) Average hours per week devoted to position  NONE  NONE  NONE	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
	Will Rok Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  LICH MILLER/SECT  DET # 13 FOLL MER/	etary	O to respond to an (b) Average hours per week devoted to position  NONE  NONE  NONE	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
	Will Rok Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  LICH MILLER/SECT  DET # 13 FOLL MER/	etary	O to respond to an (b) Average hours per week devoted to position  NONE  NONE  NONE	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
	Will Rok Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  LICH MILLER/SECT  DET # 13 FOLL MER/	etary	O to respond to an (b) Average hours per week devoted to position  NONE  NONE  NONE	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
	Will Rok Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  LICH MILLER/SECT  DET # 13 FOLL MER/	etary	O to respond to an (b) Average hours per week devoted to position  NONE  NONE  NONE	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o
	Will Rok Rok	Check if the organization  (a) Name and little  LOW LEEK JR/Cle  LICH MILLER/SECT  DET # 13 FOLL MER/	etary	O to respond to an (b) Average hours per week devoted to position  NONE  NONE  NONE	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount o



Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Schedule O to respond to any question in the			[V
	Institutions for Fair V / Orlean in the organization based ochreading of to respond to any question in the	- are	Yes	, <u>'</u> '
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
<sup>.</sup> 35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35b 35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	-	X
37a	Eriter amount of political expenditures, direct or indirect, as described in the instructions ► 37a N/A		22.00	7: 4
ь 38а	Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b	ii A.	X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A		10 to 10	
39	Section 501(c)(7) organizations Enter			1
a	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		25.5	30
40a b	section 501(c)(3), organizations. Enter amount of tax imposed on the organization during the year under section 4911 ►  , section 4912 ►  , section 4955 ►			in the
J	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	্রন্দের 40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed >			
	The organization's books are in care of ▶ Bookkeeping Plus & Assoc LLC Telephone no. ▶ 20 Located at ▶ 67 Shuter Pd Sule4 Group ME. ZIP + 4 ▶ 040 At any time during the calendar year, did the organization have an interest in or a signature or other authority over		,	<del>,</del> -
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ×
	If "Yes," enter the name of the loreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	はない。		
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ►	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<del>,</del> -	<b>▶</b> []
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No.
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	政策	叉
d	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d	はは	X
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a	yer og	X
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	- <del>美</del> 学学	1.6.7	

Earm 00	00-E Z (2020)						c	Page 4
Onn 33							Yes	
46	Did the organization engage, to candidates for public office				behalf of or in opposit	tion - 46	ü	X
Part	VI Section 501(c)(3) Org All section 501(c)(3) or 50 and 51.	1	-	estions 47–49b and	52, and complete th	e tables f	or lin	es
	Check if the organization	n used Sc	hedule O to respond	d to any question in th	nis Part VI			
47	Did the organization engage	in Johnving	activities or have a	section 501(h) electio	n in effect during the	tax	Yes	No
71	year? If "Yes," complete Sche			Scotlori Sortiny Electro	· ·	47	<u> </u>	X
48	Is the organization a school as			· ·		48		X
49a b	Did the organization make any If "Yes," was the related organ	· ·		•	ation?	49a 49b	+	X
50	Complete this table for the organization complete this table for the organization complexes) who each receive	anization's	five highest compen	sated employees (oth		ors, truste	es, an	
	(a) Name and title of each employe		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimati other con	ed amo	unt of
	NONE							
						<del>_</del>		
		<u> </u>						
		+						
		<u> </u>						
f	Total number of other employ	ees paid ov	er \$100,000	<b></b>				
51	Complete this table for the o \$100,000 of compensation from	rganization	's five highest comp	ensated independent	contractors who each	received	more	than
		+	·····	T				
	(a) Name and business address of	each independ	ent contractor	(b) Type of servi	ice (c)	Compensati		
	NONE			-				
	DV CAAL	<del>-</del>						
				-  				
				-				
		+						
				-				
	Total washes of atherwards as			\$100,000				
52	Total number of other indeper Did the organization complete.		5	•	nizations must attack			
-	completed Schedule A	. Ochean	ile A. Hote. All se	setion sortelist organ	ווצמנוטווס ווועסני מנומכו	Yes	. 🗆 1	No
	enalties of perjury I declare that I have					nowledge and	belief	It is
rue cor	rect and complete. Department on prep	arer (other than	officer) is based on all info	ormation of which preparer h	as any knowledge			
Sign	Senature of officer	1			Date ,			
lere		r (son)		tresident	3/12	/2/		
	Type or print name and title		10-et-ele			Z Lottu		
Paid	Print/Type preparer's name	CC.	Preparer's signature	1 Author Bat	Check 121 Self-emplo	of Police	1821	33
Prepa Usa (	Λοιολ.	OPAIN	Phic & Acc	SOC. IS C	Firm's EIN >	754 1 010 23. 252	<u>אכטג</u>	<u> </u>
Use (	Firm's address > 107 SV		Rd Graym	15 OUD39	Phone no 207	1-657-	103	7
May th	ne IRS discuss this return with t	ne preparei	shown above? See	instructions		Yes		No.

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2020

Open to Public Inspection

Name	of the organization $EMN$	AUS	TE	AMS			01 - 0540	
Pai				l organizations mus	t compl	ete this p		
_	organization is not a private f				<del></del>	:	<del>`</del>	
1	A church, convention of	churches, or a	ssociati	on of churches descr	bed in se	ection 17	'0(b)(1)(A)(ı).	$\neg C \land$
2	A school described in se	ction 170(b)(	1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).) <b>(</b>	) (
3	A hospital or a cooperat		-					<b>ノ</b> ,
4	A medical research orga	I	ted in co	onjunction with a hosp	oital desc	cribed in s	section 170(b)(1)(A)(	(iii). Enter the
	hospital's name, city, an							.,,
5	An organization operate			college or university	owned d	or operate	ed by a government	al unit described in
	section 170(b)(1)(A)(iv).							
6	A federal, state, or local	- !	-					
7	An organization that not described in section 17				port from	n a gover	nmental unit or from	the general public
		1			D=.4.11.1			
8 9	A community trust descri	i						
3	An agricultural research or university or a non-lar university							
10	An organization that nor	mally receives	(1) more	than 331/3% of its su	pport fro	m contrib	outions, membership	fees and gross
	receipts from activities re	elatéd to its ex	empt fu	nctions, subject to ce	rtain exc	eptions, a	and (2) no more than	331/3% of its
	support from gross investigation acquired by the organization							businesses
11	An organization organize			·		-	•	
12	An organization organize	1		•	=			rv out the purposes
	of one or more publicly			_				
	Check the box in lines 12	a through 12c	that de	scribes the type of sup	porting	organizati	on and complete line	s 12e, 12f, and 12g
a	Type I. A supporting	organization o	peratec	i, supervised, or contr	olled by	its suppo	rted organization(s),	typically by giving
	-			regularly appoint or e			the directors or trust	ees of the
	· · · · · · · · ·			ete Part IV, Sections				
b	,							
				organization vested in		persons	that control or mana	age the supported
	<u>-</u>			V, Sections A and C				
С		i -		ting organization opei ons) You must comp				ally integrated with,
d		1						urtad arganization(a)
u	·			nization generally mu	-			
				omplete Part IV, Sec			•	o an atteniivoness
e	Check this box if the	organization r	eceived	a written determination	on from t	he IRS th	at it is a Tyne I. Tyne	II Type III
				tionally integrated sur				,, , , pc
f	Enter the number of suppo	orted organiza	tions		•			
g	Provide the following infor	mation about	the supp	oorted organization(s)				<del></del>
	(i) Name of supported organization	(11)	EIN	(III) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
		11		assis (ass monocity)	<u></u>	·		mandonom)
					Yes	No		
(A)								
(B)		ŀ						
(C)		<del></del>			<del></del>	<del>                                     </del>		
(C)								
(D)								
·	<del></del>				ļ	ļ		
(E)								
Tota		<del>-</del>				<del> </del>		

Part		_				• • • • •	. ,	, ,
	(Complete only if you che							alify under
	Part III If the organization	n fails to	quality unde	er the tests lis	sted below, pl	lease comple	ete Part III )	
	on A. Public Support		(-) 001C	(-) 0017	(-) 0010	(4) 0010	42 0006	(O. T 4-1
	dar year (or fiscal year beginnin	g in) 🟲	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do n	not	/"\					,
	include any "unusual grants")	101	\					
2	Tax revenues levied for the							
~	organization's benefit and either	naid to					1 1	
	or expended on its behalf	<b>,</b>	\	,				,
3	The value of services or facilities						,	<del></del>
	furnished by a governmental unit			100			ا حر ا	
	organization without charge							
4	Total. Add lines 1 through 3						,'	
. 5	The portion of total contributions	by		学验学验			<b>100</b>	
	each person (other than a	,			S 7 / 2			
1	governmental unit or publicly			<b>医红的</b> 第2名				
	supported organization) included				1			
	line 1 that exceeds 2% of the am	nount	THE STATE OF THE S			<b>数据数数</b>		
٠.	shown on line 11, column (f)		APPENDED TO SELECTION OF		7366 2333	WALL TO A TABLE	COLUMN COLUMN CONTRACTOR	
Section	Public support. Subtract line 5 fro on B. Total Support	om line 4	A STATE OF THE STATE OF	THE SALE VERY SALE	LENGTH SATIO	V	THE PROPERTY OF	
	dar year (or fiscal year beginnin	a inl 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	9, -	(4) 2010	(5),2011	, (6) 2010	(4) 2013	(0) 2020	(i) Total
8	Gross income from interest, divid	dends	<u> </u>	1	,			
Ū	payments received on securities		,		ľ l			
	rents, royalties, and income from			. ′		`	<b> </b>	
	sımılar sources			<i>,</i> *				
٠9	Net income from unrelated busin	ess		, *			1	
	activities, whether or not the bus	iness		prof.	,			
1	is regularly carried on		<i></i>	·	·		`* <u>*</u>	
10	Other income. Do not include ga			1			1	
	loss from the sale of capital asse (Explain in Part VI)	./						1
11	Total support. Add lines 7 throu	ah 10	の表現性をおりたま		ABON SECRETARISMON NO ME	たるかでは4年7年7年1年3		
12	Gross receipts from related activ				PRINCE AND LOSS WIT	<b>操机 死战以及城市</b>	12	•
13	First 5 years. If the Form 990				- third, fourth	or fifth tax ve		n 501(c)(3)
_	organization, check this box and				, 2,,	J		<b>▶</b> □
Secti	on C. Computation of Public	Suppor	rt Percentag	e				
14	Public support percentage for 20	•		•	11, column (f))	•	14	%
15	Public support percentage from						15	%
1 6a	331/3% support test—2020. If the					nd line 14 is 33	31/3% or more.	
1	box and stop here. The organiza	-			-		•	▶ □
; b	331/3% support test—2019. If the this box and stop here. The organization						is 331/3% or m	
,	/				_			<b>P</b> []
17a	10%-facts-and-circumstances							
	10% or more, and if the organi Part VI how the organization me	izalion ii aats tha	facts-and-circl	-and-circumsta	ances test, che	eck this box a	no stop nere.	Explain in
	organization	1116	-according-circ	amarances tes	a me organiz	anon quannes	as a publicity	supported []
b	10%-fagts-and-circumstances	test-2	D19. It the ora:	anization did n	of check a bo	x on line 13 1	6a 16b or 17	
1	15 is 10% or more, and if the or	ganizatio	on meets the fa	icts-and-circur	mstances test	check this bo	x and ston her	e. Explain
	in Part VI how the organization	neets the	e fact's-and-cir	cumstances te	est The organi	zation qualifies	s as a publicly	supported
	organization						. ,	▶ 🗇
18	Private foundation. If the orga	nization	did not check	a box on line	13, 16a, 16b,	17a, or 17b,	check this bo	
	hstructions							<b>▶</b> □
						Sch	edule A (Form 990	or 990-EZ) 2020

# 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	2000	19623	13422	15475	31665	109083
_	received (Do not include any "unusual grants")	28878	11000	13400	12713	01663	101003
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	28898	19623	13422	15475	31665	109083
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 8	Add lines 7a and 7b  Public support. (Subtract line 7c from line 6.)			7 3	144 1 4	20 4	109083
Secti	on B. Total Support	<u> </u>	<u> </u>		L	<u> </u>	1,000
	idar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	28898	19623	13422	15475	31665	109083
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	800,0		/5/20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0000	,0,000
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		,	ماح	and the last section of th	~~a~~	,W-51
11	Net income from unrelated business activities not included in line 10b whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	28898	19683	13422	15475	31665	109083
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	_	's first, second	, third, fourth,	or fifth tax ye	ear as a section	on 501(c)(3)
Secti	on C. Computation of Public Suppo	rt Percentag	je				
15	Public support percentage for 2020 (line			13, column (f))		15	100 %
16	Public support percentage from 2019 Sci					16 /	00 %
	on D. Computation of Investment In						
17	Investment income percentage for 2020 (			y line 13, colu	ımn (f))	17 (	7 %
18	Investment income percentage from 2019	•			mat lun = 4.5	18	%
19a	331/3% support tests—2020. If the organ						. /
b	17 is not more than 33½%, check this box 33½% support tests—2019. If the organization 18½ support tests—23½% shock this	zation did not c	check a box on	line 14 or line	19a, and line 16	s is more than :	33½%, and
20	Ine 18 is not more than 33½%, check this <b>Private foundation.</b> If the organization d	-	_	-		-	
20	Titrate loundation. If the organization of	id not dileck a	DOX OIT TITLE 14	_ i aa, or i ab, (	THEOR THIS DOX	ario see mstru	CHOIS L

### Part IV

**Supporting Organizations** 

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

Section	on A. All Supporting Organ	izations			
				Yes	No
1	documents? If "No," describe	supported organizations listed by name in the organization's governing in <b>Part VI</b> how the supported organizations are designated. If designated by designation If historic and continuing relationship, explain	1 1	TOTAL SHALL SHALL	]
2	3	y supported organization that does not have an IRS determination of status If "Yes," explain in <b>Part VI</b> how the organization determined that the supported section 509(a)(1) or (2)	2		計画で
3a	Did the organization have a su lines 3b and 3c below	pported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer	3a	in the	٠٠
b	•	at each supported organization qualified under section 501(c)(4), (5), or (6) and ests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the nation	3b	河	
С		at all support to such organizations was used exclusively for section 170(c)(2)(B) art VI what controls the organization put in place to ensure such use	3c	部	W.
4a		ion not organized in the United States ("foreign supported organization")? If 12a or 12b in Part I, answer lines 4b and 4c below	4a	Wit:	ger :
b	supported organization? If "Y	mate control and discretion in deciding whether to make grants to the foreign es," describe in <b>Part VI</b> how the organization had such control and discretion ervised by or in connection with its supported organizations	4b	Wind the second	
С	under sections 501(c)(3) and	any foreign supported organization that does not have an IRS determination 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used be foreign supported organization was used exclusively for section 170(c)(2)(B)	(本)(本) 4c		
5a	answer lines 5b and 5c below numbers of the supported org (iii) the authority under the org	stitute, or remove any supported organizations during the tax year? If "Yes," (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN anizations added, substituted, or removed, (ii) the reasons for each such action, anization's organizing document authorizing such action, and (iv) how the action amendment to the organizing document)	5a	が変数が	
ь	Type I or Type II only. Wa designated in the organization	s any added or substituted supported organization part of a class already sorganizing document?	5b		₹ <sup>2</sup> 3, ₹ <sup>2</sup>
С	Substitutions only. Was the s	bstitution the result of an event beyond the organization's control?	5c		
6	anyone other than (i) its supposition one or more of its supposition.	upport (whether in the form of grants or the provision of services or facilities) to reted organizations, (ii) individuals that are part of the charitable class benefited ded organizations, or (iii) other supporting organizations that also support or g organization's supported organizations? If "Yes," provide detail in Part VI.	<b>三次間</b> 6		<b>建</b>
7	(as defined in section 4958(c)	grant, loan, compensation, or other similar payment to a substantial contributor (3)(C)), a family member of a substantial contributor, or a 35% controlled entity of the other strains of the other s	<b>第13</b> ラス フ	151 (A)	
8		an to a disqualified person (as defined in section 4958) not described in line 79 hedule L (Form 990 or 990-FZ)	34E7 8	nen e	亞達
9a	disqualified persons, as def	lled directly or indirectly at any time during the tax year by one or more ined in section 4946 (other than foundation managers and organizations or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	1000 mg/s 1423 mg/s 1423 mg/s	
b		persons (as defined in line 9a) hold a controlling interest in any entity in which ad an interest? If "Yes," provide detail in Part VI.	9b	75 Sp. 13	۳۰, ۳
С		defined in line 9a) have an ownership interest in, or derive any personal benefit porting organization also had an interest? If "Yes," provide detail in Part VI.	9c	Heri	20.154
10a		to the excess business holdings rules of section 4943 because of section pe II supporting organizations, and all Type III non-functionally integrated Yes," answer line 10b below	10a		
b		y excess business holdings in the tax year? (Use Schedule C, Form 4720, to	7 C	137	C 1/2 2"

Part l	V Supporting Organizat	ions (continued)			<u> </u>
				Yes	No
11		a gift or contribution from any of the following persons?	17.54	12. T	77
а		ctly controls, either alone or together with persons described in lines 11b and		T.	12.5
	11c below, the governing body	of a supported organization?	11a		
ь	A tamily member of a person of	escribed in line 11a above?	11b		
С	•	son described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	77.3	16:517	12/0
	detail in Part VI.		11c	2000	~ d
Section	on B. Type I Supporting Or	ganizations	احتنال		٠
				Yes	No
4	Did the severage hady members	of the country hady officers return a thought and country are returned.	: Lipis	syl II	10
1	Did the governing body, members	of the governing body, officers acting in their official capacity, or membership of one or	2.7	, , , , , , , , , , , , , , , , , , ,	
		the power to regularly appoint or elect at least a majority of the organization's officers,	76-3	5	
		ring the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) controlled the organization's activities. If the organization had more than one supported	1		1. F
		wers to appoint and/or remove officers, directors, or trustees were allocated among the	140		10
		conditions or restrictions, if any, applied to such powers during the tax year	J. GARLI	T. Hab	25. 22 :
•		1	31977	**************************************	4451
2		or the benefit of any supported organization other than the supported		e dia	33.7
		supervised, or controlled the supporting organization? If "Yes," explain in Part carried out the purposes of the supported organization(s) that operated,	1	The second	14 55
	supervised, or controlled the si		45363		'
Saction	on C. Type II Supporting O		2		L
Section	on c. Type it supporting Of	ganizations	——	Yes	T NI -
	NA		1 .40%	res	No
1		ation's directors or trustees during the tax year also a majority of the directors			5.04
		nization's supported organization(s)? If "No," describe in Part VI how control			1 37 7
		ing organization was vested in the same persons that controlled or managed	逐軍		t times
	the supported organization(s)		1 1		L
Section	on D. All Type III Supportin	g Organizations	<del>,</del>		
				Yes	No
1		each of its supported organizations, by the last day of the fifth month of the	65	- 14	
		en notice describing the type and amount of support provided during the prior tax	1,51	7.5	17, -
		that was most recently filed as of the date of notification, and (iii) copies of the	35489	7	12.00
		ents in effect on the date of notification to the extent not previously provided?	1		
2		dflicers, directors or trustees either (i) appointed or elected by the supported	建造	10	£ .
		the governing body of a supported organization? If "No," explain in Part VI how	12.0	热菜	245 TH
	the organization maintained a c	lose and continuous working relationship with the supported organization(s)	2	]	
3		escribed in line 2, above, did the organization's supported organizations have	1999		沙林
		zation's investment policies and in directing the use of the organization's	200		
		uring the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			AUL .
	supported organizations played	<u></u>	3		
Section		ntegrated Supporting Organizations			
1		od that the organization used to satisfy the Integral Part Test during the year (see	nstruc	ctions	5)
а	<del>-</del>	he Activities Test Complete line 2 below			
b		ent of each of its supported organizations. Complete line 3 below			
C	•	a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity	(see ins	struct	ions)
2	Activities Test. Answer lines 2	a and 2b below.		Yes	No
а	Did substantially all of the orga	inization's activities during the tax year directly further the exempt purposes of	200		
	the supported organization(s) to	o which the organization was responsive? If "Yes," then in Part VI identify		が護	
	those supported organization	ns and explain how these activities directly furthered their exempt purposes,	1	£ 6	ر دونو
		ohsive to those supported organizations, and how the organization determined	4.0	经复	A. 106
	that these activities constituted	substantially all of its activities	2a		
b	Did the activities described in l.	ine 2a, above, constitute activities that but for the organization's involvement,	1 mm	35	·
		n's supported organization(s) would have been engaged in? If "Yes," explain in	1	SCO.	130
		anization's position that its supported organization(s) would have engaged in			<b>经</b>
	these activities but for the orga	nization's involvement	2b		٠.
3	Parent of Supported Organizat	ions. Answer lines 3a and 3b below.	3.50	43.5	F
		oower to regularly appoint or elect a majority of the officers, directors, or	635	3. N	, i, .,
•		ed organizations? If "Yes" or "No," provide details in Part VI.	3a	46 × 25	* •-1
b		substantial degree of direction over the policies, programs, and activities of each		- 15.12 5.15.12	
		If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard	36	»_ √	h-

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	-		
Sect	tion 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		
	Other expenses (see instructions)	7		
Sect	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) tion B—Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year of assets held for part of year)	17.		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		The state of the s	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		_
6	Multiply line 5 by 0 035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	<b>处于第一个规模</b> 的种籍和	
_ 2	Enter 0 85 of line 1		作品以此時期有過程的	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	<b>建筑是是是国际的特别的</b>	
4	Enter greater of line 2 or line 3		3000000000000000000000000000000000000	
_ 5	Income tax imposed in prior year	5	是这种种种种种种种	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		The state of the s	
	emergency temporary reduction (see instructions)	6	<b>的是一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的</b>	
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally		ng organization

V Type III Non-Function	ally integrated 509(a)(3	) Supporting Organi	zations (continue	<u>a)                                     </u>	
on D—Distributions					Current Year
Amounts paid to supported org	anizations to accomplish	exempt purposes		1	-
		mpt purposes of suppo	orted		
organizations, in excess of inco	me from activity			2	
Administrative expenses paid to	o accomplish exempt purp	oses of supported orga	nizations	3	
				4	
		-provide details in <b>Part</b>	VI)	-	
				_	
		<del></del>		7	L
		h the organization is res	sponsive		·
		<del></del>			
<del></del>					
Line 8 amount divided by line 9	amount	<del></del>	,,	10	<del></del>
on E—Distribution Allocations	(see instructions)	(ı) Excess Distributions		าร	(III) Distributable Amount for 2020
Distributable amount for 2020 f	rom Section C, line 6	The second second second	を表している。		
Underdistributions, if any, for ve	ears prior to 2020				
instructions				,	
Excess distributions carryover.	if any, to 2020	or that for constituting the constitution of t	to a sum of the control of the control	13.7	सिन्दिकी जोकेताहर जिल्लाकी है आप कि कि कर है। १९४८ के जिल्लाकार के जिल्लाकी के एक की कार्य के कार्य के
From 2015		<b>经产品的基础</b>	が数されては、一般を		
From 2016		<b>刘建筑</b> 发出的"6000000000000000000000000000000000000	ATHER REPORTS	12.7.E	のできたはなるはのである。
From 2017 .			是。1200年的第二人	) Lu	建铁铁铁 的复数拉拉克
From 2018			MONITOR STATE OF STATE OF	145.1	
From 2019				328.88	and the second second
Total of lines 3a through 3e			4 110 49 110	想受	
Applied to underdistributions of	f prior years	SWATER TO LEGISLA			<b>建筑的机械的设置。</b>
	·		<b>一种</b> 的现在分词		
					AND SECTION OF N
Remainder Subtract lines 3g, 3	3h, and 3i from line 3f.				
Distributions for 2020 from	<b>.</b> !				
	- \$			£5.	
			Control of the control of		
		16. T.			ALPHARITANI TO BASE TO THE LAST STORY
<del></del>		7 C C C C C C C C C C C C C C C C C C C	<b>,是被称为的数据的数据的</b>	λχ, φ	
			Carring and a second of the se	erii.	HANNING STREET, THE
3	1				
	reater than zero, <i>explain in</i>				
	- 10 2021 Add Inco 2:	\$35 \$ 17,563\$ \$1 00 15,4 100 1365\$		Krym Klijeli	36.36 Same of 1.45 st. 1.55
and 4c	r to 2021. Add lines Sj				
Breakdown of line 7		PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF	a Province of the		
Excess from 2016		HINTON HARLES		<u> </u>	
Excess from 2017		TANGET WAS TAKEN			
Excess from 2018			SAMA NEOTHER MAN	37.53	
Excess from 2019	1 1				
Excess from 2020	<del> </del>	The state of the s	A Control of the Cont	空線	
	Amounts paid to supported organizations, in excess of independent of the program activity organizations, in excess of independent of the program activity organizations, in excess of independent of the program activity organizations, in excess of independent of the program activity organizations, in excess of independent of the program activities are program activities. Administrative expenses paid to acquire exemply of the distributions (describe in the program activities). Administrative supports of the provide details in Part VI). See Distributions to attentive support of the provide details in Part VI). See Distributable amount for 2020 for E-Distribution Allocations.  Distributable amount for 2020 for E-Distributions, if any, for your casonable cause required—eximitations.  Excess distributions carryover.  From 2015  From 2016  From 2017  From 2018  From 2019  Total of lines 3a through 3e  Applied to underdistributions of Applied to 2020 distributable at Carryover from 2015 not applied. Remainder Subtract lines 3g, 3.  Distributions for 2020 from Section Doline 7  Applied to underdistributions of Applied to 2020 distributable at Remaining underdistributions of any. Subtract lines 3g and 4a fingreater than zero, explain in Part VI. See instructions  Excess distributions carryove and 4c.  Breakdown of line 7  Excess from 2016  Excess from 2016  Excess from 2017  Excess from 2018	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purp Amounts paid to acquire exempt-use assets.  Qualified set-aside amounts (pror IRS approval required—Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.  Distributable amount for 2020 from Section C, line 6. Line 8 amount divided by line 9 amount.  In E-Distribution Allocations (see instructions).  Distributable amount for 2020 from Section C, line 6. Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.  Excess distributions carryover. If any, to 2020.  From 2015.  From 2016.  From 2017.  From 2018.  From 2019.  Total of lines 3a through 3e. Applied to underdistributions of prior years.  Applied to 2020 distributable amount.  Carryover from 2015 not applied (see instructions).  Remainder Subtract lines 3g, 3h, and 3i from line 3f.  Distributions for 2020 from Section D line 7.  Applied to 2020 distributions of prior years.  Applied to 2020 distributions of prior years.  Applied to 2020 distributions of prior years.  Applied to 2020 distributions for years prior to 2020 if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  Remaining underdistributions for years prior to 2020 if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  Excess distributions carryover to 2021. Add lines 3j and 4b from line 7. For result greater than zero, explain in Part VI. See instructions.  Excess from 2016.  Excess from 2016.  Excess from 2017.  Excess from 2018.  Excess from 2019.	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of indome from activity Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess of indome from activity Administrative expenses paid to accomplish exempt purposes of supported organizations paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI). See instructions Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is resigned details in Part VI). See instructions Distributable amount for 2020 from Section C, line 6  Line 8 amount divided by line 9 amount  for E—Distribution Allocations (see instructions)  Distributable amount for 2020 from Section C, line 6  Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions  E-cess distributions carryover if any, to 2020  From 2016  From 2016  From 2019  Total of lines 3a through 3e  Applied to 2020 distributable amount  Carryover from 2015 not applied (see instructions)  Remainder Subtract lines 3g, 3h, and 3i from line 3f.  Distributions for 2020 from Section D line 7  \$ Applied to underdistributions of prior years Applied to 2020 distributable amount  Remainder Subtract lines 3g and 4a finom line 2. For result greater than zero, explain in Part VI. See instructions.  Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions  Excess distributions carryover to 2021. Add lines 3j and 4c  Breakdown of line 7  Excess from 2016  Excess from 2016  Excess from 2017  Excess from 2019	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Oualified set-aside amounts fighror IRS approval required—provide details in Part VI) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2020 from Section C, line 6 Underdistributions (see instructions) Distributions amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions Excess distributions carryover if any, to 2020 From 2015 From 2016 From 2017 From 2019 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D line 7 Applied to 2020 distributable amount Remaining underdistributions of prior years Applied to 2020 distributable amount Remaining underdistributions for 2020 Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2020 Subtract lines 3g and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2020 Subtract lines 3g and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2020 Subtract lines 3g and 4c Breakdown of line 7 Excess from 2017 Excess from 2018 Excess from 2018	Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of incomer form activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Amounts paid to acquire exempt-use assets 5 Other distributions (forecribe in Part VI). See instructions 6 Control distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 8 Distribution Allocations (see instructions)  Distribution Allocations (see instructions)  Excess Distributions  Distributions of cause required -explain in Part VI). See instructions 9 Excess distributions and part of the part of

Schedule A (Form 990 or 990-EZ) 2020

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

#### . SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

► Attach to Form 990 or 990-EZ.

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

2020

OMB No 1545-0047

Name of the organization  EMMUAS	TEAMS	01 - 0540 175
FORM 990-EZ	PAGE 1	INE #16 Other Expenses
Community Prog	nam to feed	hunger & poverty Stricken
NURSING Hom	E Ministry	# 7,734
Payrou - Proce	55,Na\$TAX E	s # 11,909
Insurance	Exp/Liab	P 1,129