	D Ir	Department on Internal Reve	of the Treasury Industrial Service Service Go to www.irs.gov/Form990EZ for Instructions and the latest information.		inspection
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	Ē	3 Oheck if a			ification number 2
		Address of	change Amvets Post 500 56	-200	13.53.3
		Name cha		phone num	
٠Λ.		Initial retu		1-27	8-6025
/α	\	===	City or town, state or province, country, and ZIP or foreign postal code	up Exemp	
`_	_ ⊦	Amended Application			?1
()				e organization is not
	ī	Website			Schedule B 7
	j	Tax-exer			Z, or 990-PF).
~	_		f organization: Corporation Trust Association Other		<u> </u>
2002	ן ל		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets		
		Part II, col	lumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	► s /	1.891.00
ŗĊ		Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru-	ctions fo	r Part I) 2
9			Check if the organization used Schedule O to respond to any question in this Part I		
JAN	: 1	2 1	Contributions, gifts, grants, and similar amounts received	1	
	·	7 2	Program service revenue including government fees and contracts	2	
S) [3	Membership dues and assessments	3	125.00
	!	21 4	Investment income	4	
15.3		5a	Gross amount from sale of assets other than inventory 5a		
15		b	Less: cost or other basis and sales expenses	1	
SCALLED		С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
		6	Gaming and fundraising events:		-
		_ a	Gross income from gaming (attach Schedule G if greater than		
		Revenue	\$15,000)		
		ē ĕ	Gross income from fundraising events (not including \$ of contributions]	
	1	8	from fundraising events reported on line 1) (attach Schedule G if the		
			sum of such gross income and contributions exceeds \$15,000) 6b 65, 766,		
-		С	Less: direct expenses from gaming and fundraising events 6c 6c 6.55.21		
		d	the same of the sa	م ا ۔ ا	1 200 017
			line 6c)	6d 	<u>1, 289.21</u> 7
			Gross sales of inventory, less returns and allowances	ļ`	·
		b	Less: cost of goods sold		
		C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
		8	Other revenue (describe in Schedule O)	8	71711 015
	_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	4164.217
		10 11	Grants and similar amounts paid (list in Schedule O)	10	990.00
			Benefits paid to or for members	11	970.
		12 13 14 15	Professional fees and other payments to independent contractors OGDEN, UT	12	· · · · · · · · · · · · · · · · · · ·
		14	Occupancy, rent, utilities, and maintenance	14	
	1	15	Printing, publications, postage, and shipping	15	
	•	16	Other expenses (describe in Schedule O)	16	
		17		17	00 n
	-	18	Total expenses. Add lines 10 through 16	18	1101
	-	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		1112 Jedy /
		SS	end-of-year figure reported on prior year's return)	19	5,836.09
	•	t Assets 20 20 20 20 20 20 20 20 20 20 20 20 20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	,	_ 1		:	

Cat. No. 10642I

Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate Instructions.

21

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

Open to Public

Form 990-EZ (2020)

Page	2

Pa	rt II	Balance Sheets (see the instructions					
		Check if the organization used Schedule	e O to respond to a	ny question in this	Part II	(B) End of year	<u>]</u>
		t di Santakan anda		}		22 4681.8	-0
22		, savings, and investments			4006.07	23	_0
23		and buildings				24	_
24 25		r assets (describe in Schedule O)	-		5.834.09	25 4681,8	50
25 26		l liabilities (describe in Schedule O)				26	10
27		assets or fund balances (line 27 of colum				27 4.681.8	58
Par		Statement of Program Service Accon				<u> 1 1/02 077 (</u>	_ 0
	GHI.	Check if the organization used Schedule				Expenses	
Wha	t is the	organization's primary exempt purpose?	<u> </u>			(Required for section 501(c)(3) and 501(c)(4)	
		e organization's program service accompl	ishments for each o	if its three largest o	rogram services.	organizations; optional f	or
as n	neasure	d by expenses. In a clear and concise r	nanner, describe th	e services provided	I, the number of	others.)	
pers	ons bei	efited, and other relevant information for e	ach program title.				_
28							
							_
?1	(Grant	s\$) If this amoun	t includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	28a	_ ?
29							
	/OA	Δ \ K this area in	tinaludas farsias ar	anta chaoly horo		29a	
20	(Grant		t includes foreign gra			298	_
30							
	(Grant	s \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	t ıncludes foreign gra	ants, check here	▶ □	30a	
31		orogram services (describe in Schedule O)					
•	(Grant		t includes foreign gra			31a	
32		program service expenses (add lines 28a				32	_
_	t IV	List of Officers, Directors, Trustees, and Ke				structions for Part IV)	
		Check if the organization used Schedule	e O to respond to a	ny question in this	Part IV	<u> C</u>	<u> </u>
			(b) Average	(c) Reportable 22 compensation	(d) Health benefits,	ee (e) Estimated amount	nf .
		(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	other compensation	•
_				(if not paid, enter -0-)	deferred compensation	1	_
R	<u>obe</u>	rt Lovern	- 119				
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detailed description of each activity in Schedule O 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 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)? b 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. 35c 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			i	Yes	No	
44. 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 35a Did the organization have unrelated business gross mome of \$1.000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? b If "Yes" to line \$3s, has the organization filed a Form \$990-T for the year? If "No." provide an explanation in Schedule O. Was the organization dependent on \$2, 6s, and 7s, among others)? b If "Yes" to line \$3s, has the organization filed a Form \$990-T for the year? If "No." provide an explanation in Schedule O. Was the organization dependent on the year? If "Yes." complete Schedule C. Part III . 55c Jan Did the organization deproper and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule P.D art II, and enter the total amount involved. 38a Did the organization file Form \$120-POL for this year? If "Yes," complete Schedule I. Part II, and enter the total amount involved. 38b Jan Section \$01(c)(0) organizations included on line 9. 16 "Yes," complete Schedule I. Part II, and enter the total amount involved. 38a Section \$01(c)(0) organizations. Enter amount of tax the year under: section 4915 — section 4915 — section 4916 — section 4916 — section 4916 — section 4915 — section 4917 — section 4916 —	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	22		مر 1	
Did the organization have urrelated 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)? b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O C Was the organization a section \$01(e)(4), 501(e)(5), or 501(e)(6) organization subject to section \$033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C Part III	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			<u>, , , , , , , , , , , , , , , , , , , </u>	?
b if "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedulo O Was the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) or 501(c)	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			V	
Did the organization undergo a liquidation, desolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b Did the organization file Form 1120-POL for this year? 38b Did the organization forms when year and still outstanding at the end of the tax year covered by this return? 38b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 38a		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,	35b		<u>/</u>	
Did the organization file Form 1120-PDL for this year?	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			v	77
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4915 ▶ section 4915 ▶ section 4916 ▶ section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 ₱ 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 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? if "Yes," complete Form 8866-T Located at ▶ Telephone no. ▶ ZiP+44 ▶ 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, secunties account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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 ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check h	b	Did the organization file Form 1120-POL for this year?		20 M. A.	V	
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 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-E27 if "Yes," complete Schedule L, Part I 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 40 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 41 List the states with which a copy of this return is filed ▶ The organization's tax any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Located at ▶ 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, secunties account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 ▶ Did the organization particular to par	39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9				
excess benefit transaction funding 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 1 C 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. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 List the states with which a copy of this return is filed ▶ Telephone no. ▶ Located at ▶ 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 y located at loc		Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
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 . ▶ e 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 11 List the states with which a copy of this return is filed ▶ The organization's books are in care of ▶ Located at ▶ b 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, secunties account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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 ▶ 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 . ▶ 43 444a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 4/c, has the organization filed a Form 720 to report thece payments? If "No," provide an explanation in Schedule O 444 Did the organization have a controlled entity within the meaning of section 512(b)(13)? E 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," Form 990 and Sc	, b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			√	
e 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 41 List the states with which a copy of this return is filed ▶ Telephone no. ▶ Located at ▶ 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, secunties account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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 ▶ 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	С	on organization managers or disqualified persons during the year under sections 4912,				
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ Telephone no. ▶ Located at ▶ 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, secunties account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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 ▶ 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	đ	40c reimbursed by the organization				•
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See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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 3 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 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 14c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	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, secunties account, or other financial account)?		Yes	No	
If "Yes," enter the name of the foreign country ▶ 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 ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
and enter the amount of tax-exempt interest received or accrued during the tax year	С		42c			
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c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 41c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44a		豐裝			
d If "Yes" to line 41c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	completed instead of Form 990-EZ	44b			
 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b 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," Form 990 and Schedule R may need to be completed instead of 		If "Yes" to line 11c, has the organization filed a Form 720 to report these payments? If "No," provide an	242			
	_	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		\ \ \	

	то са	nalaates for public office? If "Yes," o	complete Schedule C	, Part I			. 46	1	10
Part \		Section 501(c)(3) Organizations						-4	<u>* *</u>
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and co	mplete th	e tables t	for lin	es
		50 and 51.				,			
	`	Check if the organization used Scl	hedule O to respond	I to any question in t	his Part VI				. 🗆
								Yes	No
47	Did ti	he organization engage in lobbying	activities or have a	section 501(h) electio	n in effect	during the	tax		
		If "Yes," complete Schedule C, Par					. 47		1
	•	organization a school as described in		i)? If "Yes " complete :	Schedule E		. 48	<u> </u>	1
		ne organization make any transfers to		•			. 49a	+	V
		es," was the related organization a se		_		• • •	. 49b	+	1
		plete this table for the organization's			er than office	ere direct			od kov
		oyees) who each received more than							
	Ciripi	Sycco, who caemicocived more than	Τ Ψ 100,000 οι σοιπροί	T	(d) Health		, 6,11.61		
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		to employee	(e) Estimat	ed amo	unt of
	(a)	Name and allo or each employee	devoted to position	(Forms W-2/1099-MISC)	benefit plans,		other cor	npensa	tion
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					İ				
	,			}	}				
f	Total	number of other employees paid ov	er \$100.000	. •	-	-, <u>-</u> .,	·····		
		plete this table for the organization'			contractors	: who each	n received	more	a than
		,000 of compensation from the organ			Contractors	WIIO Caci	i received	IIIOI	o tilali
	• • • • • • • • • • • • • • • • • • • 	, oo o o o o o o o o o o o o o o o o o		1					
	(a)	Name and business address of each independ	lent contractor	(b) Type of serv	vice .	(c)) Compensat	ion	
				 					
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				-					
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		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
				j					
d	Total	number of other independent contra	ctors each receiving	over \$100,000	<b>&gt;</b>				
52	Did 1	the organization complete Schedu	ile A? <b>Note:</b> All se	ection 501(c)(3) orga	nizations m	ust attach	n a		
		oleted Schedule A					► ☐ Yes		No
Inder pe	nalties	of perjury, I declare that I have examined this r	return, including accompan	ving schedules and stateme	ents, and to the	best of my kr	nowledge and	f belief.	nt is
rue, corr	ect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which preparer I	nas any knowle	dge.	ionioogo am		
		Notest James			12	1-121 -	2021		
Sign		Signature of officer	<u> </u>		Dat		<u> </u>		
lere	21	5 1 1 1	C 1		54.	-			
	— i	Kabert Lovern Sr. Type or print name and title	Commande	e <u>r</u>					
		<del></del>	Properer's signature	Da			PTIN		
Paid		Print/Type preparer's name	Preparer's signature	l Da	II.O	Check	l if		
^P repa	rer		1		<del></del>	self-emplo	yed		
Jse C	niy	Firm's name ▶			Firn	n's EIN ▶			
		Firm's address ►			Pho	ne no.			
/lay the	e IRS	discuss this return with the preparer	shown above? See i	instructions		<u> </u>	▶ □ Yes		No
							Form <b>99</b>	0-EZ	(2020)
									,