Click on the question-mark icons to display help windows.

K F	orm of	organization:  Corporation Trust Association Other			
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets			
•		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		91,632.97	
Pa	rt l	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructional Check if the organization used Schedule O to respond to any question in this Part I			
?	1	Contributions, gifts, grants, and similar amounts received	1	91,632 97	
?	2	Program service revenue including government fees and contracts	2	0	
?	3	Membership dues and assessments	3	0	
?	4	Investment income	4	0	
	5a	Gross amount from sale of assets other than inventory 5a 0	h .		
	b	Less: cost or other basis and sales expenses			1,
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0	
	6	Gaming and fundraising events:	9-		
9	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	1		
2	L	vio,oco, i i i i i i i i i i i i i i i i i i i	1		<del>-</del>
Revenue	ь	from fundraising events reported on line 1) (attach Schedule G if the			<del></del> ,
			į ·		- •1
	d	Less: direct expenses from gaming and fundraising events	6d	0	
	7a	Gross sales of inventory, less returns and allowances			
	b	Less: cost of goods sold			
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0	
	8	Other revenue (describe in Schedule O)	8	0	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	91,632 97	
	10	Grants and similar amounts paid (list in Schedule O) RECEIVED	10	0	
	11	Benefits paid to or for members		0	
es	12	Salaries, other compensation, and employee benefits	12		
Expenses	13	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors PR 0. 9:2021	<u> </u>		
ĝ	14	Occupancy rent utilities and maintenance		0	
<u>u</u>	15	Printing, publications, postage, and shipping OGDEN, U.T OGDEN, U.T	15		
	16	Other expenses (describe in conceduc of		1,078 00	
	17	Total expenses. Add lines 10 through 16		1,078 00	
ţ	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	90,554,97	
et Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0 .	
et,	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	

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

949200

2020

ABO

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			<u>.</u>
,	instructions for Fart v.) Check if the organization used Schedule O to respond to any question in this	s rait	Yes	_
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	х	
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	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-
C	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		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	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			· 🌣
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 0	<i>\</i> ′′′′		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	ţ.		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	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-EZ? If "Yes," complete Schedule L, Part I	405		 X
_	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		
С	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	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		X
41	List the states with which a copy of this return is filed ▶ WASHINGTON STATE			
42a	The organization's books are in care of ▶ DAVID SHEON Telephone no. ▶ 202-4	22-69	99	
	Located at ► 2610 E ALOHA ST, SEATTLE WA 98112 ZIP + 4 ► 98112  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	2-4122		NI.
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, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	42b	Yes	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. I	<b>&gt;</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	N X
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		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
_	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
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	450		-X-
	Form 990-EZ. See instructions	45b	i l	- 1

Form 990-EZ (2020)	Page 1

•								Tes	NO
46		ne organization engage, directly or in							V
DovA		ndidates for public office? If "Yes," o		, Part I	• • •	<u> </u>	·   46	<u> </u>	
Part		Section 501(c)(3) Organization All section 501(c)(3) organization		stions 47–49h an	d 52 and	d complete th	a tahlas	for lin	100
		50 and 51.	is musi answer que	3110113 47 43D all	u oz, and	a complete th	e labies	i i i i i i i i i i i i i i i i i i i	103
		Check if the organization used Sc	hedule O to respond	to any question ir	n this Part	: VI			. 🗆
		<u> </u>						Yes	No
47		ne organization engage in lobbying				ect during the	tax		
	•	If "Yes," complete Schedule C, Par					<u> </u>	<u>'                                    </u>	<b>↓</b>
48		organization a school as described in		-					<del></del>
49a		ne organization make any transfers t		_				$\rightarrow$	<del> </del>
50		s," was the related organization a se plete this table for the organization's				 officers direct			nd kev
50		oyees) who each received more than							
			(b) Average	(c) Reportable	(d) H	ealth benefits,	,	•	
	(a)	Name and title of each employee	hours per week	compensation	honofit n	tions to employee lans, and deferred			
			devoted to position	(Forms W-2/1099-MIS		mpensation			
N/A									
<b></b>									
N/A	<b></b>								
N/A									
N/A									
N/A									
	Takal	and a state of a state	o= \$100.000	. ▶ 0	L				
51		number of other employees paid ov plete this table for the organization			nt contrac	 ctors who each	receive	d more	e than
31	\$100	000 of compensation from the organization	nization. If there is no	ne, enter "None."	ni contrac	, 1013 WIIO CUCI	1 1000140	G 11101	Ctilan
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	ervice	(c)	Compensa	ation	
				(=, +,,,=====		,-,			
N/A									
N/A	-								
19/7									
N/A									
								_	
N/A									
				_					
N/A									
d	Total	number of other independent contra	actors each receiving	over \$100 000	▶ 0	1			
52					· ·	s must attacl	n a		
		- ·						s 🗌	No
Under p	enalties	of perjury, I declare that I have examined this	return, including accompan	ying schedules and state	ments, and t	o the best of my ki	nowledge a	nd belief	, it is
true, cor	rect, an	d complete Declaration of preparer (other than	n officer) is based on all into	rmation of which prepare	er nas any kn	lowleage	<del></del>		
Sign		Supplying of officer				Date	-2 -		
Here	?		N/=: -115	0:0 % TOR		4-5	-22	Yes No  47 X  48 X  49a X  49b Ustees, and keyer "None "  Immated amount of recompensation  Ved more than  Pensation  Yes No  e and belief, it is  Z	
	_	number of other independent contractors each receiving over \$100,000 ▶ 0  the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a seleted Schedule A							
Paid		Pnnt/Type preparer's name	Preparer's signature		Date	Check	ıf PTIN		
Paid Prepi	arer								No X X X X Ind key in the street of the stre
Use (		Firm's name ▶				Firm's EIN ▶			
		Firm's address ▶				Phone no	N [7] V-		No.
ıvıay tr	ie iHS	discuss this return with the prepared	r shown above? See i	nstructions			- ⊔ Ye	:S	140

?

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

							87085
		<del></del>					ons.
_	•				-		$\mathcal{C}_{\mathbf{i}}$
_	-	•					C C
							$\bigcup_{i=1}^{n}$
							CON CONTRACTOR
	<del>-</del>	-	onjunction with a nosp	oitai desc	ribea in s	ection 170(b)(1)(A)	(III). Enter the
			college or university	ownod c		d by a government	tal unit described in
			college of university	Owned	л ореган	ed by a government	ai unit described in
□ A	federal, state, or local govern	nment or govern	mental unit described	ın <b>secti</b> e	on 170(b)	(1)(A)(v).	
				port from	n a gover	nmental unit or fron	n the general public
□ A	community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
or ur	r university or a non-land-gra niversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	f the college or
re su	ceipts from activities related apport from gross investmen	to its exempt fu tincome and uni	nctions, subject to ce related business taxal	rtaın exc ble incon	eptions; a ne (less se	and (2) no more than ection 511 tax) from	ı 33¹/₃% of its
☐ Aı	n organization organized and	operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).	
	the supported organization	(s) the power to	regularly appoint or e	lect a ma	ajority of t		
	control or management of	the supporting o	rganization vested in	the same			
	Type III functionally integ	rated. A suppor	tıng organizatıon opei	rated in c			ally integrated with,
	•						orted organization(s)
	that is not functionally integ	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement ar	
	Check this box if the organ functionally integrated, or	ization received Type III non-func	a written determination	on from ti oporting	he IRS the	at it is a Type I, Type ion.	e II, Type III
Pro	vide the following information	about the supp	orted organization(s).				
(i) Nar	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	ur governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
<del></del>							
	organi Or	organization is not a private foundary and church, convention of churcy A school described in section A hospital or a cooperative hospital's name, city, and state ho	Reason for Public Charity Status. (Al organization is not a private foundation because it is A church, convention of churches, or associated in A school described in section 170(b)(1)(A)(ii).  A hospital or a cooperative hospital service organization operated in convention operated for the benefit of a section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governing an action and according to that normally receives a subsige described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b) an agricultural research organization described or university or a non-land-grant college of agruniversity:  An organization that normally receives (1) more receipts from activities related to its exempt further support from gross investment income and university:  An organization organized and operated exclusion of one or more publicly supported organization Check the box in lines 12a through 12d that described organization operated organization operated organization. You must completed the supported organization, you must complete its supported organization. You must complete its supported organization, you must complete Part II.  Type III. A supporting organization supervise control or management of the supporting organization(s). You must complete Part II.  Type III functionally integrated. A supporting integrated. A supporting organization organization organization. You must complete Part II.  Type III non-functionally integrated. A supporting integrated. A supporting organization organization organization organization organization. You must complete Part II.  Type III non-functionally integrated. A supporting organization organization organization organization organization organization organization. You must complete Part II.  Type III non-functionally integrated. The organization received functionally integrated, or Type III non-functionally integrated, or Type III non-functionally integrated, or Type III non-functionally integrated, or Type III n	Reason for Public Charity Status. (All organizations must organization is not a private foundation because it is: (For lines 1 through A church, convention of churches, or association of churches descr A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (F A hospital or a cooperative hospital service organization described in A medical research organization operated in conjunction with a hosp hospital's name, city, and state:  An organization operated for the benefit of a college or university section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described An organization that normally receives a substantial part of its sup described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1) or university or a non-land-grant college of agriculture (see instruction university.  An organization that normally receives (1) more than 331/31% of its sur receipts from activities related to its exempt functions, subject to ce support from gross investment income and unrelated business taxal acquired by the organization after June 30, 1975. See section 509(a An organization organized and operated exclusively to test for public An organization organized and operated exclusively for the benefit of one or more publicly supported organizations described in section Check the box in lines 12a through 12d that describes the type of supporting organization organization. You must complete Part IV, Sections  Type II. A supporting organization operated, supervised, or controlled in organization(s). You must complete Part IV, Sections A and C.  Type III functionally integrated. A supporting organization operated supporting organization operated organization generally murrequirement (see instructions). You must complete Part IV, Sections A in the organi	Reason for Public Charity Status. (All organizations must complorganization is not a private foundation because it is: (For lines 1 through 12, chee A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990)  A hospital or a cooperative hospital service organization described in section 1 A medical research organization operated in conjunction with a hospital described in section 1 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iv). (Complete Part II.)  A organization operated for the benefit of a college or university owned of section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(iv) or university or a non-land-grant college of agriculture (see instructions). Enteruniversity:  An organization that normally receives (1) more than 331/3% of its support fror receipts from activities related to its exempt functions, subject to certain excisulation organization after June 30, 1975. See section 509(a)(2). (Colling An organization organized and operated exclusively to test for public safety.  An organization organized and operated exclusively for the benefit of, to peric of one or more publicly supported organizations described in section 509(a) (2). (Colling the supporting organization) organization operated, supervised, or controlled by the supporting organization operated, supervised, or controlled by the supporting organization operated exclusively for the benefit of, to peric of one or more publicly supported organization operated, supervised or controlled in connection control or management of the supporting organization vested in the same organization(s). You must complete Part IV, Sections A and B  Type	Reason for Public Charity Status. (All organizations must complete this proganization is not a private foundation because it is: (For lines 1 through 12, check only or   A church, convention of churches, or association of churches described in section 17   A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 99 or 990-E   A hospital or a cooperative hospital service organization described in section 170(b)(1) A medical research organization operated in conjunction with a hospital described in shospital's name, city, and state: An organization operated for the benefit of a college or university owned or operate section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(iv) operated in or university or a non-land-grant college of agriculture (see instructions). Enter the nan university: An organization that normally receives (1) more than 331/3% of its support from contrite receipts from activities related to its exempt functions, subject to certain exceptions; support from gross investment income and unrelated business taxable income (less siacquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.) An organization organized and operated exclusively for the benefit of, to perform the for one or more publicly supported organizations described in section 509(a)(1) or scheck the box in lines 12a through 12d that describes the type of supporting organization. Type III on-functionally integrated. A supporting organization operated in connection its supported organization (s) the power to regularly appoint or elect a majority of t supporting organization. You must complete Part IV, Sections A and B.  Type III non-functionally integrated. A supporting organization operated in connection its supported organization. Yo	Reason for Public Charity Status. (All organizations must complete this part.) See instruction organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a government section 170(b)(1)(A)(iii). (Complete Part III.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or fron described in section 170(b)(1)(A)(v). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(ii), operated in conjunction with a lor university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of university.  An organization that normally receives (1) more than 331/3% of its support from contributions, membership receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than support from gross investment income and unrelated business taxable income (less section 509(a)(1). (Complete Part III.)  An organization organization and operated exclusively to test for public safety. See section 509(a)(2). Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See Check the box in lines 12a through 12d that describes the type of supporting organization and complete line is supportin

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_/	•
Pana	-

Part							
,	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under						
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support				1 ( 0 0040	1 1 2225	· ·
	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 received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	<u> </u>					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support			T			
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d</b> ) 2019	(e) 2020	(f) Total
7	Amounts from line 4		/			<u> </u>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		/				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First 5 years. If the Form 990 is for the				or fifth tax ye	12 ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re	<u> </u>	<u></u>	<u></u> .		▶ 🗖
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2020 (line					14	<u>%</u>
15	Public support percentage from 2019 Sch	nedule A, Part	II, line 14			15	<u>%</u>
16a	331/3% support test—2020. If the organibox and stop here. The organization qua						
b	331/3% support test/2019. If the organi	zation did not	check a box o	on line 13 or 16	Sa, and line 15	ıs 331/3% or m	ore, check
17a	this box and stop here. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test,	, check this bo zation qualifie	x and stop he	<b>re.</b> Explain
18	Private foundation. If the organization instructions	did not check	a box on line	e 13, 16a, 16b	, 17a, or 17b,		x and see

# 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			, , , , , , , , , , , , , , , , , , , ,		<u>:7</u>	··
	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		.,		• • • • • • • • • • • • • • • • • • • •	` '	
	received. (Do not include any "unusual grants.")	45,668.48	30,000	o	o	91,632.97	167,301.45
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	0	0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	o	0	0	0	O	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	o	0	0	o	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	45,668.48	30,000	0	0	91,632.97	167,301.45
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						
Secti	on B. Total Support						
Calen	dar 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	45,668.48	30,000	0	0	91,632.97	167,301.45
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	0	0	0	0.	13.88	15.18
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	0	0	0	0	13.88	15.18
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	45,668.48	30,000	0	0	91,646.85	167,316.63
14	First 5 years. If the Form 990 is for the organization, check this box and stop her	organization's			or fifth tax yea		501(c)(3) ► ✓
Secti	on C. Computation of Public Suppor	t Percentage					
15	Public support percentage for 2020 (line 8		•			15	%
16	Public support percentage from 2019 Sch			<u> </u>		16	%
	on D. Computation of Investment Inc					<del></del>	
17	Investment income percentage for 2020 (I			-		17	<u>%</u>
18 19a	Investment income percentage from 2019 331/3% support tests—2020. If the organi 17 is not more than 331/3%, check this box a	zation did not o	check the box	on line 14, an	d line 15 is mo		
b	331 $^{1}$ 8% support tests—2019. If the organiz line 18 is not more than 331 $^{1}$ 8%, check this b	ation did not ch	eck a box on l	ine 14 or line 19	9a, and line 16	is more than 33	31/3%, and
20	Private foundation. If the organization de-	d not check a b	ox on line 14.	19a, or 19b, cl	heck this box a	and see instruc	tions ▶ 🔲

## 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.)

Ŝ	ection	Α.	ΑII	Supporting	Organiz	ations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
С	despite being controlled or supervised by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination	4b		<u> </u>
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	<del></del>	
с 6	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5c		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<b>-</b>		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
b	described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		 
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a				
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
<del></del>	on or type to opporting organizations		Yes	No
			100	1
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	}		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	}		i
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	}		]
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	ł		1
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_		<b>-</b>		
2	Did the organization operate for the benefit of any supported organization other than the supported			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			NI -
		<del></del>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			j
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			1
	a significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	(		
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	<u></u> s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	see in	struct	ions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			<u>_</u>
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			1
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			1
	these activities but for the organization's involvement.	2b		
_		20		1
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	2-		
	* *	3a	-	<del></del> 1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	25		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	$\square$ Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970 (exp	lain ın Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sec	tions A through E.
Sect	on A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally i	ntegrated Type III suppo	orting organization
	(see instructions).			

	le A (Form 990 or 990-EZ) 2020			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued,	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity	·		2
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
4	Amounts paid to acquire exempt-use assets			·
_ 5	Qualified set-aside amounts (prior IRS approval required-		VI) t	<u> </u>
_6_	Other distributions (describe in Part VI). See instructions.			<del></del>
_ 7	Total annual distributions. Add lines 1 through 6.			<u> </u>
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	<b>,</b>
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		1	0
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions cauyover, if <u>any, to</u> 2020			
a	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e		· · · · · · · · · · · · · · · · · · ·	
	Applied to underdistributions of prior years	1		<u> </u>
h	Applied to 2020 distributable amount	1		<u> </u>
i_	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from	11		
	Section D, line 7:			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2020 distributable amount			<del></del>
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.		<del> </del>	
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.	†  - 		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2021. Add lines 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016 .			
b	Excess from 2017			
	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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

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

# 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.

OMB No 1545-0047 2020

➤ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

**COMMUNITY CARROT** 81-3687085 Community Carrot's mission is to break the cycle of poverty by helping entrepeneural yound adults from low income backgrounds to start businesses of their own. In 2020, we created a new board of directors, new bylaws and raised \$91,632.97 in funds from individual donars and corporate partners so that we would enter 2021 in a position to run programming that that would advance our mission. Our only expenditure, \$1078.00 was for board liability insurance. Due to an error made in 2017 on our Schedule A, we listed the inaccurate amountcontributions. The error was attributed to forgetting that our fiscal year at the time ended Sept 30th. The amount shown should have broken the amount between 2016 and 2017 as reflected correctly on this form. The audit that concluded in Q12021 discovered this unintentional error and all 990s were confirmed to be accepted by the IRS.

chedule O (Form 990 or 990-EZ) 2020	Page
lame of the organization	Employer identification number
	***************************************