Department of the Treasury

Return of Organization Exempt From Income Tax A

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

		nue Service	► Go to www.irs.gov/Form990 for instructions and the latest in	iloimation.		, 20
A	For the	2020 calen	dar year, or tax year beginning , 2020, and ending			The state of the second st
В	Check if	applicable:	C Name of organization FISHTOWN KENSINGTON AREA BUSINESS IMPROVEMEN			r identification number
	Address	change	Doing business as		84-403	D11/0 12/3 D D D D
	Name ch	nange	Number and street for P.O. box it mains not domested to account	om/suite	E Telephone	
X	Initial ret	um	1509 N FRONT ST		(201)1	68-4326
	Final retu	ım/terminated	City or town, state or province, country, and ZIP or foreign postal code	- 1		
	Amende	d return	Philadelphia, PA 19122			eipts \$ 692,896.
П	Applicat	ion pending	F Name and address of principal officer:	H(a) Is this a grou	up return for su	bordinates? Yes No
in the second	1000000		MARC COLLAZZO, 1509 NORTH FRONT ST UNIT 1, PHILADELPHIA, PA 1912	2 H(b) Are all su	bordinates i	ncluded? Yes No
ī	Tax-exe	mpt status:	X 501(c)(3)	If "No," a	tach a list.	See instructions
J			ISHTOWNDISTRICT.COM	H(c) Group ex		
K			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formati	on: 2019	M State of	legal domicile: PA
	art I	Summa	rv			
ma	1	Briefly des	cribe the organization's mission or most significant activities: THE FISHT	OWN KENSINGTON A	REA BUSINE	SS IMPROVEMENT DISTRICT
ø		(RID) DI	ANS AND FUNDS SERVICES TO IMPROVE AND PRESERVE OUR NEIGHBO	RHOOD. THE	BID WOR	KS TO IMPROVE THE
auc		OUBTITE	OF LIFE OF OUR RESIDENTS AS WELL AS THE SUCCESS	AND GROWTH	OF OU	R BUSINESSES.
ula	2	Check this	s box ▶ 🛛 if the organization discontinued its operations or disposed of	of more than a	5% of its	s net assets.
ò	3	Number o	f voting members of the governing body (Part VI, line 1a)	1 7 2 2	3	14
- S	4	Number o	findependent voting members of the governing body (Part VI, line 1b)		4	14
es	5	Total num	ber of individuals employed in calendar year 2020 (Part V, line 2a) .	1 1 1 1	5	2
Activities & Governance	6	Total num	ber of volunteers (estimate if necessary)		6	14_
Acti	7a	Total unre	lated business revenue from Part VIII, column (C), line 12	V 2: /2 V	7a	O.
_	b	Net unrela	ited business taxable income from Form 990-T, Part I, line 11		7b	0.
	-	Not union	and business taxasis meeting	Prior Year		Current Year
	8	Contributi	ons and grants (Part VIII, line 1h)			678,227.
nue	9		service revenue (Part VIII, line 2g)			14,315.
Revenue	10	Investmen	nt income (Part VIII, column (A), lines 3, 4, and 7d)			354.
Be	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
		Tatal ravia	nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			692,896.
_	12	Cronto on	d similar amounts paid (Part IX, column (A), lines 1–3)			
	13	Denefite r	vaid to or for members (Part IX, column (A), line 4)			
	4-	Delleille h	ther compensation, employee benefits (Part IX, column (A), lines 5–10)			170,842.
Expenses	15	Salaries, C	nal fundraising fees (Part IX, column (A), line 11e)			
ens	16a	Professio	traising expenses (Part IX, column (D), line 25) ► 0.			THE PERSON NAMED IN
Š	. b	Total lunc	enses (Part IX, column (A), lines 11a–11d, 11f–24e)			299,798.
-	17	Other exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			470,640.
	18	Total exp	enses. Add lines 13–17 (Indist equal Fait IX, column (x), line 25)			222,256.
-	19	Revenue	ess expenses. Subtract line 18 from line 12	Beginning of Curr	ent Year	End of Year
Net Assets or	20	T. (a)	H			352,679.
SSe	20		ets (Part X, line 16)			130,423.
etA	21		lities (Part X, line 26)			222,256.
Z	22					
ŀ	Part II	Signat	ure Block	mente and to the	heet of my	knowledge and belief, it is
U	Inder pen	alties of perjui	y, I declare that I have examined this return, including accompanying schedules and state ste. Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowled	ige.	talomoogo ara coma,
	40, 00110	T v	No. Decide and the Property of			21
_		_		Date	/13/20	41
	ign	Signa	ature of officer	Duit		
Н	ere	100	RC COLLAZZO, EXECUTIVE DIRECTOR			
			or print name and title		Table 1 to the last	T # PTIN
P	aid	Print/Ty	De preparer s rialité	ate	Check _	5.40 Process
	aiu repar	er JOHN I	i necessary erry ner jerny r	9/14/2021		pyed P00321253
	se Or	h Firm's n				3-2706331
		Firm's a	ddress ▶ 4109 MAIN STREET, PHILADELPHIA, PA 19127	Phon	e no. (21	5) 483-5555
M	av the	IRS discuss	this return with the preparer shown above? See instructions			. XYes No

Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE BID WORKS TO IMPROVE THE QUALITY OF LIFE OF OUR RESIDENTS AS WELL AS THE SUCCESS AND GROWTH OF OUR BUSINESSES, INCLUDING ENHANCING PUBLIC SAFETY, IMPROVING PARKING AND PEDESTRIAN ACCESS, CLEANING STREETS AND SIDEWALKS, OVERSEEING RESPONSIBLE GROWTH, ATTRACTING BUSINESSES AND CREATING MORE JOBS, BRANDING AND MARKETING THE DISTRICT, PROVIDING MORE PROMOTIONAL PROGRAMMING, AND HIRING FULL-TIME STAFF TO MANAGE ALL OF THE ABOVE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 95,259.including grants of \$ 0.)(Revenue \$ 0.) CLEANING, GREENING, AND MAINTENANCE: FKABID IS RESPONSIBLE FOR CLEANING AND BEAUTIFYING THE DISTRICT AND WORKING TO IMPROVE THE GREEN ELEMENTS OF THE DISTRICT BY IMPLEMENTING PROGRAMS SUCH AS SIDEWALK SWEEPING, ADDING TRASH & RECYCLING RECEPTACLES, STREET CLEANING, SIDEWALK SAFETY ENFORCEMENT, AND ADDING AND MAINTAINING GREENING ELEMENTS.
4b	(Code:)(Expenses\$22,839. including grants of \$0.)(Revenue \$0.) CAPITAL IMPROVEMENTS AND PARKING: FKABID ADDRESSES REPAIRS AND IMPROVEMENTS TO SIDEWALKS AND STREET FACADES, WORKS TO CREATE MORE COHESION IN THE DISTRICT AND A BETTER EXPERIENCE FOR RESIDENTS AND VISITORS WITH STREETSCAPE IMPROVEMENTS AND GREENING, AND WORKS TO FIND LONG-TERM SOLUTIONS FOR ADDITIONAL PARKING AND ADD ENHANCEMENTS TO THE DISTRICT TO IMPROVE THE ENVIRONMENT FOR PEDESTRIANS, PUBLIC TRANSPORTATION USERS, DRIVERS, AND CYCLISTS.
4c	(Code:) (Expenses \$15,056. including grants of \$0.) (Revenue \$0.) MARKETING AND PROMOTIONS: FKABID HELPS PROMOTE AND MARKET THE DISTRICT WITH ACTIVITIES INCLUDING BRANDING AND MARKETING MATERIALS, A WEBSITE, INTERNET-BASED PROMOTION,
	AND SPECIAL EVENTS.
4d	Other program services (Describe on Schedule O.) (Expenses \$ 248, 455. including grants of \$ 0.) (Revenue \$ 14,315.)
4e	(Expenses \$ 248,455. including grants of \$ 0.) (Revenue \$ 14,315.) Total program service expenses ▶ 381,609.

Part I	V Checklist of Required Schedules	T	Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1,0
1	and the Calculate A	1 2	×	×
2	Is the organization required to complete Schedule B, Schedule of Contributors See Instructions?	-		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		_x_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		×
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		×
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		×
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	7,15	×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a		×
	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_	×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	×
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	208	-	×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20i	-	-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part I	Checklist of Required Schedules (continued)	1	'es	No
			03	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	4	×
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		×
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes " complete Schedule L. Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a 28b		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c 29	-	×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate terminate or dissolve and cease operations? If "Yes," complete Schedule IV, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	the distribution of section 512/b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes." complete Schedule R, Part V, line 2	00		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Par	The Art Inc. will be a second of the second			. [
	Check it Schedule O contains a response of note to any line in this tack.		Yes	No
1a b	Enter the number reported in Box 3 of Point 1090. Enter 10 in 10t applicable	0		1
C	and the second with backup withholding rules for reportable payments to vendors and			i de la
C	reportable gaming (gambling) winnings to prize winners?	1c		

art \	in any IDO Fillians and Toy Compliance (continued)		V T	No
DOM: N			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	a land of the standar veger ending with or willing the vegit covered by this rotation	Oh	v	Sec.
	the transfer and is reported on line 2a did the organization file all required lederal employment tax rotation.	2b	X	THE REAL PROPERTY.
	Near-If the sum of lines 13 and 2a is greater than 250, you may be required to e-life (see instructions)	20	2000	×
^-	Did the expenization have unrelated business gross income of \$1,000 or more during the year:	3a 3b		
	14 "No" has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule .	SD	_	_
4a	the advise the colondar year, did the organization have an interest in, or a signature or other authority over,	4a		×
	a financial account in a foreign country (such as a bank account, securities account, or other interioral accounts account in a foreign country (such as a bank account, or other interioral account, or other interioral account, or other interioral accounts account in a foreign country (such as a bank account, or other interioral accounts account accounts accounts accounts accounts accounts account accounts account account accounts account accounts account account accounts account accounts account account account accounts account ac	70	5 69	
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	2. In the state of the filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (1 DAILy)	5a	HOGO.	×
5a	Wee the exceptation a party to a prohibited tax shelter transaction at any time during the tax your.	5b		X
b	Did any tayable party notify the organization that it was or is a party to a pronibited tax sheller transaction:	5c		^
c	www.taa line 50 or 5b did the organization file Form 8886-17	30		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	6b	Marketon Co.	THE ROLL
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ESE		2000
a	the principle of the payor?	7a	×	
b	If "Vos." did the organization notify the donor of the value of the goods or services provided?	7b	-	×
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
ĭ	required to file Form 82827	7c	No.	×
d	Is "Nea" Indicate the number of Forms 8282 filed during the year	70		-
е	Did the aggregation receive any funds, directly or indirectly, to pay premiums on a personal benefit contract:	7e 7f	-	×
f	Did the experience during the year, nav premiums, directly or indirectly, on a personal benefit contract?	_	-	+^
g	If the exceptration received a contribution of qualified intellectual property, did the organization file Form 8899 as required:	7g 7h	-	+
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1050-0;	/11		10000
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	ALERICA MINISTER	CONTRACTOR OF THE PARTY OF THE
9	Sponsoring organizations maintaining donor advised funds.	00		Sec. of
а	Did the sponsoring organization make any taxable distributions under section 4960?	9a 9b	+	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	an	N COL	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		No.	
b	Gross receipts, included on a one of the property of the prope			
11	Section 501(c)(12) organizations, Enter:			
a	Gross income from members of shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
		122		-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		1657	
b	if "Yes." enter the amount of tax-exempt interest received of doorses as in 5	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	1	
а	Is the organization licensed to issue qualified health plans in more than one state?	324		100
	Note: See the instructions for additional information the organization must report on Schedule O.	- A		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified fleatiff plans			
c	Enter the amount of receives on tially	148	3	×
14a	an explanation on Schedule U	141	_	
þ	If "Yes," has it filed a Form 720 to report these payments? If "No, provide an explanation or sense to one of the sense of			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		
	excess paracriate paymonitor and an in-	245		1
-94	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	3	
16	is the organization an educational institution subject to the section 4500 excise tax or 1500 excises tax			
	If "Yes," complete Form 4720, Schedule O.	-	- 01	10.

Part \	= 1 (0/1-1) response to lines 2 thmough /n nellow			
Section	on A. Governing Body and Management			
	Strate & Strate		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
10	It there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.	8000		
b	5-to-the number of voting members included on line 1a, above, who are independent . [10] [14]		7	
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	-they officer divector trustee or key employee?	2	_	×
-	any district delegate control over management duties customarily performed by or under the direct			LINI
3	the state of the s	3		×
	and the state and significant changes to its governing documents since the prior Form 950 was med.	4		X
4	Did the organization make any significant changes to its governing to the organization become aware during the year of a significant diversion of the organization's assets?	5		×
5	Did the organization have members or stockholders?	6		X
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
7a	one or more members of the governing body?	7a		X
223	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b		×
5020	Did the organization contemporaneously document the meetings held or written actions undertaken during			
8	Did the organization contemporarieously document the meetings hold of white	1/20		
	the year by the following: The governing body?	8a	×	
a	Each committee with authority to act on behalf of the governing body?	8b	×	
ь	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	Town 1		2000
9		9		X
Casti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
Secu	Off B. Policies (Mis occur) Brogassia		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		×
10a	" " " " " " " " " " " " " " " " " " "			
b	- with the land branches to ensure their operations are consistent with the organization's exempt purposes.	10b		
440	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
b	bit the policy? If "Yes,"			
С	describe in Schedule O how this was done	12c	×	
40	Did the organization have a written whistleblower policy?	13		×
13	Did the organization have a written document retention and destruction policy?	14		×
14	Did the process for determining compensation of the following persons include a review and approval by		1	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	Till and a CEO. Executive Director or top management official	15a	×	
a	Out William and house property of the organization	15b	×	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	BICCO	1/2	1
40-	Did the organization invest in contribute assets to, or participate in a joint venture or similar arrangement		Ditt.	
16a	with a taxable entity during the year?	16a		×
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			Tie.
b	participation in joint venture arrangements under applicable federal tax law, and take steps to saleguard the		(En	
	organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	Liet the states with which a copy of this Form 990 is required to be filed PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (Se	ction	501(
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	5.0004		
	Own website Another's website Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	erest	polic
19	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	ecords	S .	
20	MANAGEMENT, 1509 N FRONT ST, PHILADELPHIA, PA 19122 (267)764-3724			
	PERMODERALLY 1997 N LINGS OF LITTERMENT TO THE PERMONENT OF LITTERMENT O		00	•

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

Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See Instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Gee instructions for the order in which to list Check this box if neither the organizatio (A) Name and title	(B) Average hours	(do n	ot ch	Pos eck s pe	ition more rson	than o	one an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
(a)	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) PAUL KIMPORT	5.00						Г	N25		0
CHAIR		×	_	×	L	_	-	0.	0.	0.
(2) JOSH OLIVO VICE CHAIR	2.00	×		×				0.	0.	0.
(3) LISA MAZZOLA TREASURER	2.00	×		×				0.	0.	0.
(4) DENISE MAYER SECRETARY	2.00	×		×				0.	0.	0.
(5) DARRELL CLARKE BOARD MEMBER	1.00	×						0,	0.	0.
(6) MARIA QUINONES-SANCHEZ BOARD MEMBER	1.00	×						0.	0.	0.
(7) MARK SQUILLA BOARD MEMBER	1.00	×						0.	0.	0.
(8) EMILY COSTA DONES BOARD MEMBER	1.00	×						0.	0.	0
(9) JON GEETING BOARD MEMBER	1.00	×						0.	0.	0
(10) JANAY GREEN BOARD MEMBER	1.00	×						0.	0.	0
(11) ANDREW JANOS BOARD MEMBER	1.00	×						0.	0.	. 0
(12) MATT RICCIOTTI BOARD MEMBER	1.00	×						0.	0.	. 0
(13) SKIP SCHWARZMAN BOARD MEMBER	1.00	×						0.	0.	. 0
(14) LEE STOETZEL BOARD MEMBER	1.00	×						0.	0.	Form 990 (202)

Part \	Section A. Officers, Directors, T (A) Name and title	(B) Average	(do n	ot ch	Pos leck is pe	ition more rson	than o	one an	(D) Reportable	(E) Reportable compensation		(F Estimated	i) d amou	
		hours per week (list any hours for related organizations below dotted line)	Individual or directo	institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	; (C)	comper from organiza related org	nsation the ition ar	nd
	RC D COLLAZZO ECUTIVE DIRECTOR	40.00			×				89,583.		0.			0.
(16)														
(17)														
(18)														
(19)														
(20)		-												
(21)														
(22)														
(23)														
(24)														
(25)			-											
	Subtotal							A	89,583.		0.			0.
d	Total (add lines 1b and 1c)			*		93		•	89,583.		0.			0.
2	Total number of individuals (including bureportable compensation from the organ		d to t	hos	e lis	sted	abov	e) v	who received mo	re than \$100,	000			
3	Did the organization list any former employee on line 1a? If "Yes," complete	Schedule .	J for s	suct	inc	divid	dual			* * * *		3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	nan \$	6150	00,00	0?	If "Ye	es,"	complete Sche	dule J for s	ucn	4		×
5	Did any person listed on line 1a receive for services rendered to the organization	or accrue o	amo	ensa	atio	n fro	om an	y u	nrelated organiza	ation or indivi	dual	5	2023	×
Secti	on B. Independent Contractors												00.00	20
1	Complete this table for your five his compensation from the organization. Re	hest component	nsatio	ted on fo	inc or th	depe ne c	enden alend	t c ary	ear ending with o	received mo	rgar	lization s	tax	year.
	(A) Name and business ac	ddress							(B) Description of se	rvices		(C) Compensa	ition	
						-		1						
2	Total number of independent contract received more than \$100,000 of compen	tors (includ	ling b	out	not	lim	nited	to t	those listed abo	ve) who		in that's		

Revenue and Other Similar Amo	b Nc Fd	ederated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grand similar amounts not included a Noncash contributions included ines 1a-1f Total Add lines 1a-1f FISHTOWN CO REVENUE	tb 1c 1d 1d 1e ants, above 1f 1g	595,977. 82,250.				
Revenue	b M M M M M M M M M M M M M M M M M M M	Membership dues Fundraising events Related organizations Government grants (contribution) All other contributions, gifts, grand similar amounts not included a Noncash contributions included ines 1a-1f. Total. Add lines 1a-1f.	tb 1c 1d 1d 1e ants, above 1f 1g	82,250.				
Revenue	c Fd	Fundraising events	. 1c 1d ons) 1e ants, above 1f ed in . 1g	\$				
Revenue	e C f A g N h 1	Government grants (contribution All other contributions, gifts, grand similar amounts not included a Noncash contributions included ines 1a-1f	ons) 1e ants, above 1f ed in . 1g	\$				
Revenue	f A a g N h 1 h 1 h 2 h 2 h 2 h 2 h 2 h 2 h 2 h 2	All other contributions, gifts, grand similar amounts not included a Noncash contributions included ines 1a-1f	ants, above 1f ed in . 1g	\$				
Revenue	g N h 1	and similar amounts not included a Noncash contributions include ines 1a-1f	bove 1f	-				
Ze Hevenue	g N h 1	Noncash contributions include ines 1a-1f	ed in . 1g	-				District Control
2c lane	h 1	ines 1a-1f	. 1g	-	AN EGHP SHAPE	The state of the s		
2c leane	h 1	Total. Add lines 1a-1f		-				
2c lane	a l b				678,227.			
nevenue	b c	FISHTOWN CO REVENUE		Business Code		11.015	0	
Devella	c			561499	14,315.	14,315.	0.	
	-							
1 '	d .							
3	e .							
11 3		All other program service reve		>	14,315.			
-	g ·	Total. Add lines 2a-2f	n dividend				, A.	
3	3	other similar amounts)	g dividenc		354.	0.	0.	. 35
4		Income from investment of tax	-exempt b	ond proceeds ▶				
5	:	Royalties						
"	,	Tioyanios I I I	(i) Real	(ii) Personal				
6	6a	Gross rents 6a				The second second	A TISSUE	
		Less: rental expenses 6b						
- 1 - 5		Rental income or (loss) 6c						
	d	Net rental income or (loss)		The state of the s	In the second state of the second	Section 255 English	CANCEL SECTION	
7	7a	Gross amount from) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a		-				
		Less: cost or other basis						
		and sales expenses . 7b		-				
		Gain or (loss)			Total Inches			
		Net gain or (loss)		1				
8	8a	events (not including \$						
		of contributions reported or	line					
		1c). See Part IV, line 18 .	88	1				
	b	Less: direct expenses	8t				THE REPORT	THE PERSON NAMED IN
	C	Net income or (loss) from fur	draising e	vents 🕨			A CHICAGO STATE OF THE STATE OF	
1	9a	Gross income from ga	ming					
		activities. See Part IV, line 19	81 62 120 1					
	b	Less: direct expenses Net income or (loss) from ga						
100		Gross sales of inventory,						W
1	ua		10)a				
	h	Less: cost of goods sold .				VIVE CONTRACTOR		
	C	Net income or (loss) from sa		ntory 🕨			and Relay	
		AND AND THE PARTY OF THE PARTY		Business Code				
0 1	11a							
ng.	b							
Revenue	c							-
ď		All other revenue						
	d	Total. Add lines 11a-11d .			•		THE RESERVE OF THE PARTY OF THE	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . (C) Management and general expenses (D) Fundraising (B) Program service expenses (A) Total expenses Do not include amounts reported on lines 6b, 7b, expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 0. 22,396. 67,187. 89,583. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0. 0. 62,100. 62,100. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0. 6,733. 6,733. Other employee benefits 9 0. 1,816. 10,610. 12,426. Payroll taxes 10 Fees for services (nonemployees): 0. 8,127. 0. 8,127. Accounting Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column 0. 308. 7,175. (A) amount, list line 11g expenses on Schedule O.) . 7,483. 19,155. 0. 34,211. 15.056. Advertising and promotion 0. 12 3,658. 3,658. 0. 13 0. 1,324. 1,324. 0. Information technology 14 15 0. 18,971. 0. 18,971. 16 0. 0. 252. 252. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings . 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization . 22 0. 4,083. 0. 4,083. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 0. 0. 22,839. 22,839. a CAPITAL IMPROVEMENTS & PARKING 0. 0. 95,259. 95,259. CLEANING, GREENING, MAITENANCE 0. 0. 11,868. 11,868. ECON DEV & PUBLIC SAFETY C 0. 1,500. 0. 1.500. SUBSCRIPTIONS & MEMBERSHIPS d 0. 826. 89,397. 90,223. All other expenses 0. 89,031. 381,609. 470,640. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

Check I Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 51,510. 1 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 299,149. 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 6 7 7 4ssets 8 8 2,020. 9 Prepaid expenses and deferred charges . . 9 Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10a 10c Less: accumulated depreciation 10b 11 11 12 Investments-other securities. See Part IV, line 11 12 13 Investments-program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 15 352,679. 16 Total assets. Add lines 1 through 15 (must equal line 33) . . . 16 17 81,528. 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 48,895. 25 26 130,423. 26 Organizations that follow FASB ASC 958, check here ► X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 222,256. Net assets without donor restrictions 27 28 28 Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds . . . 31 222,256. 32 32 33 352,679.

Form 990 (2020)



Fund Total liabilities (Part X, line 26) 130,423 51 Assets or Balances 352,679 Total assets (Part X, line 16) 20 End of Year Beginning of Current Year 222,256 Revenue less expenses. Subtract line 18 from line 12 61 019'04 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 86L'66Z Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 41 Expenses Total fundraising expenses (Part IX, column (D), line 25) Professional fundraising fees (Part IX, column (A), line 11e) 168 I70,842 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 45 Benefits paid to or for members (Part IX, column (A), line 4) カト Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 968 769 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Revenue 79E Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 10 . SIE, PI Program service revenue (Part VIII, line 2g) 6 LZZ'8L9 Contributions and grants (Part VIII, line 1h). Current Year Prior Year . 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 q₂ .0 73 Total unrelated business revenue from Part VIII, column (C), line 12 Activities & Governance Total number of volunteers (estimate if necessary) DI 9 9 7 9 Total number of individuals employed in calendar year 2020 (Part V, line 2a) S DI t Number of independent voting members of the governing body (Part VI, line 1b) Þ DI Number of voting members of the governing body (Part VI, line 1a). 3 Check this box ▶ ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 QUALITY OF LIFE OF OUR RESIDENTS AS WELL AS THE SUCCESS AND GROWTH OF OUR BUSINESSES, (BID) FLANS AND FUNDS SERVICES TO IMPROVE AND PRESERVE OUR NEIGHBORHOOD. THE BID WORKS TO IMPROVE THE Briefly describe the organization's mission or most significant activities: THE FISHTONN KENSINGTON AREA BUSINESS IMPROVEMENT DISTRICT Summary Part 2019 M State of legal domicile: PA L Year of formation: Form of organization: X Corporation Trust Association ■ Other ▶ H(c) Group exemption number > Website: ▶ WWW. FISHTOWNDISTRICT. COM r 752 ☐ 10 (t)(s)(1) or ☐ 527 If "No," attach a list. See instructions (insert no.) > () (a) FO3 fax-exempt status: MARC COLLAZZO, 1509 NORTH FRONT ST UNIT 1, PHILADELPHIA, PA 19122 H(b) Are all subordinates included? Tes No N X sey Yes tenibrodus not muter quong a sirt at (a) H F Name and address of principal officer: Application pending .968,269 G Gross receipts \$ Amended return Aq Philadelphia, City or town, state or province, country, and ZIP or foreign postal code Final return/terminated 9281-897 (782) muter leitini X ISO3 N FRONT ST E Telephone number Aoom/suite Number and street (or P.O. box if mail is not delivered to street address) иате спапде 84-4037072 se sseuisng buiog Address change C Name of organization FISHTOWN KENSINGTON AREA BUSINESS IMPROVEMENT DISTRICT D Employer identification number Check if applicable: 8 2020, and ending For the 2020 calendar year, or tax year beginning Inspection ▲ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Open to Public Department of the Treasury Do not enter social security numbers on this form as it may be made public. Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Return of Organization Exempt From Income Tax A X American

Type or print name and title EXECUTIVE DIRECTOR MARC COLLAZZO, Here Date Signature of officer ubis 09/13/2021 tine, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

ISM

09/I4/20ZI

PHILADELPHIA,

лони Е. мссолеви,

Preparer's signature

Form 990 (2020) REV 09/08/21 PRO X Yes No

Phone no. (215) 483-5555

sejt-employed P00321253

.322,255.

Firm's EIN ▶ 23-2706331

Check | if

Firm's address ▶ 4109 MAIN STREET,

JOHN E. MCGOVERN,

РгіпУТуре ргерагег'я патте

Signature Block

Use Only

Preparer

Paid

II The 9

22

May the IRS discuss this return with the preparer shown above? See instructions

(PA)

Net assets or fund balances. Subtract line 21 from line 20

Firm's name ► JOHN E. MCGOVERN & ASSOCIATES,

TSM

(0S0S) **066** mod

4e Total program service expenses ► 381, 609.	
	14,315.)
4d Other program services (Describe on Schedule O.)	

AND SPECIAL EVENTS.	
BRANDING AND MARKETING MATERIALS, A WEBSITE, INTERNET-BASED PROM	
EKABID HELPS PROMOTE AND MARKET THE DISTRICT WITH ACTIVITIES INC	TTES INCLUDING
WARKETING AND PROMOTIONS:	/ TO
4c (Code:) (Expenses \$ 15,056, including grants of \$ 0.) (Rever	0°) (Revenue \$

PUBLIC TRANSPORTATION USERS, DRIVERS, AND CYCLISTS.	
ENHYNCEMENTS TO THE DISTRICT TO IMPROVE THE ENVIRONMENT FOR PEDE	FOR PEDESTRIANS,
AND WORKS TO FIND LONG-TERM SOLUTIONS FOR ADDITIONAL PARKING AND	
MORKS TO CREATE MORE COHESION IN THE DISTRICT AND A BETTER EXPER	LEK EXPERIENCE
EKABID ADDRESSES REPAIRS AND IMPROVEMENTS TO SIDEWALKS AND STREE	AND STREET FACADES,
CAPITAL IMPROVEMENTS AND PARKING:	,
4b (Code:) (Expenses \$ 22,839, including grants of \$	(, 0 (Revenue \$

ETEMENIS.	
MINISTER ON THE PRINTED OF THE MINISTER AMERICA MINISTER DISTRIBUTION	VINTALINING GREENING
TO IMPROVE THE GREEN ELEMENTS OF THE DISTRICT BY IMPLEMENTING PROVED PROVED THE DISTRICT BY IMPLEMENTING PROVED THE DISTRICT BY IMPLEMENTAL BY IMPLEMENTANCE FOR THE DISTRICT BY IMPLEMENTANCE FOR THE PROVINCE FOR THE FOR THE FOR THE PROVINCE FOR THE FOR	EDAVCIES SABELA
사용하는 마리스랑 다른 경기에서 가는 이번 마리를 열면 하는 것들이 하는 것은 경기에 가는 것이 되었다. 그런 경기에서 가는 사람들이 되었다면 하는 것들이 없는 것이 되었다. 그런 경기에서 가는 것이 되었다는 것이 되었다면 하는 것이 없는 것이었다면 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이었다면 없는 것이 없어요. 없어 없는 것이 없어	DIZIBICI PND MOBRING
CTEVAING CREENING AND MAINTENANCE:	DNINGOM WIVE EDIGESIG
	(,0) (Revenue \$
4a (Code:) (Expenses \$ 95, 259, including grants of \$	(0 \$ 51105108) (0
the total expenses, and revenue, if any, for each program service reported.	
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of g	amount of grants and allocations to others
 Describe the organization's program service accomplishments for each of its three largest pro 	se largest program services, as measured by
If "Yes," describe these changes on Schedule O.	
services?	oM⊠ seY□
3 Did the organization cease conducting, or make significant changes in how it conducts,	it conducts, any program
If "Yes," describe these new services on Schedule O.	
prior Form 990 or 990-EZ?	oN⊠ s9Y□
2 Did the organization undertake any significant program services during the year which were no	
PROVIDING MORE PROMOTIONAL PROGRAMMING, AND HIRING FULL-TIME STAFF TO I	
OVERSEEING RESPONSIBLE GROWTH, ATTRACTING BUSINESSES AND CREATING MORE JOBS, BRANDING	
INCLUDING ENHANCING PUBLIC SAFETY, IMPROVING PARKING AND PEDESTRIAN ACCESS, CLEA	
THE BID WORKS TO IMPROVE THE QUALITY OF LIFE OF OUR RESIDENTS AS WELL AS THE SUCCESS	THE SUCCESS AND GROWTH OF OUR RUSTNESSES
Briefly describe the organization's mission: Briefly describe the organization's mission:	o
Check if Schedule O contains a response or note to any line in this Part III	⊠
Statement of Program Service Accomplishments	

REV 09/08/21 PRO

Part IV Checklist of Required Schedules

	208 208	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	- 12
	208		
	_	H di ibadas atalamos " say" il salillisti isilasoli albili la alb lado ilbibali albi la albi	d d
+	101	If "Yes," complete Schedule G, Part III	B09
	18	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	6
	li constant	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	81
	21	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part IX See instructions	۷.
	91	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	91
	91	10r any toreign organization? If "Yes," complete Schedule F, Parts II and IV	91
	14b	rundalaing, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	q
1	149	Did the organization maintain an onice, employees, or agents outside of the United States?	
	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13
	1SP	res," and it the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	
	128	Schedule D, Pars XI and XII	
-	11.1	Did the organization obtain separate, independent audited tinancial statements for the tax year? If "Yes," complete	12a
	200000	Did the organization's separate or consolidated financial statements for the tax year include a tootnote that addresses	ì
×	-		Э
	PFF	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes." complete Schedule D. Part IX	р
	off	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	0
	dit	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	q
	stt	complete Schedule D, Part VI	e
		VII, VII, IA, Of X as applicable.	
	10	or in quasi endowments on these complete schedule D, Part V.	11
	6	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10
		custodian for amounts not listed in Part X; or provide credit counselling, debt management, credit repair, or	6
	8	complete Schedule D, Part III	
		Did the organization maintain collections of works of act historical transmissing or other similar or way.	8
		Did the organization receive or hold a conservation easement, including easements to preserve open space	L
		tidate trie fight to provide advice on the distribution or investment of amounts in such funds or accounts? If	9
	9	assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III	
	Þ	Clocken in enecedenting the tax year in tes, complete Schedule C, Part II.	g
	3	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	7
		Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3
~	_	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2
^	•	complete Schedule A.	13
S9Y	_	Is the organization described in section 501/6/19/9 or 19/4/5/19/9	ī
	X	2 X 1	x r i consideration of the constraints of the const

njez (coutiuned)	Rednired Schedi	CUGCKIIST OT
------------------	-----------------	--------------

		10	reportable gaming (gambling) winnings to prize winners?	
			Did the organization comply with backup withholding rules for reportable payments to vendors and	0
			Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	q
RE			Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5r
ON	Yes	. .		
Ч			Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	A BLOOM
	×	38	19? Note: All Form 990 filers are required to complete Schedule O. V Statements Beneraling Other IPS Eilings and Tay Compliance V	heq
		100000	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	86
×		75	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	00
			Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37
×		98	related organization? If "Yes," complete Schedule R, Part V, line 2	
_		32P	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36
		496	If "Yes" to line 35s, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	~
×		353	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	q
×		34	or IV, and Part V, line 1	359
			Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III,	34
×		33	sections 301.1/01-2 and 301.1/101-37 If "Yes," complete Schedule B, Part I.	
			Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33
×		32	complete Schedule N, Part II	
~		10	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32
×		30	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	15
^		00	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	00
×		53	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30
×		28c	"Yes," complete Schedule L, Part IV	00
			A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	0
×		28b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	q
×		283	"Yes," complete Schedule L, Part IV	
			A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	8
	10.324		Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):	07
×		22	persons? If "Yes," complete Schedule L, Part III	82
		-548-5	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	
			employee, creator or rounder, substantial contributor or employee thereof, a grant selection committee	
			Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	72
×		56	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	
			Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	5/2/201
×		25b		97
			year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	
			Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	q
×		258	ransaction with a disqualitied person during the year? If "Yes," complete Schedule L, Part I	
_			Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	253
-	_	249	그는 그	p
- 1		240	to defease any tax-exempt bonds?	122
_		StP	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	
×	_	249		q
		2/2/	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	
			Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	249
×		23	employees; if "Yes," complete Schedule J.	
			organization's current and normer officers, directors, trustees, key employees, and highest compensated	
×	-	77	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	23
^		22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	
ON :	Yes		Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22
	74	_		

		15	excess parachute payment(s) during the year?	
			Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	9
		145	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	
×		149	Did the organization receive any payments for indoor tanning services during the tax year?	ep
			Enter the amount of reserves on hand	
			the organization is licensed to issue qualified health plans	
			Enter the amount of reserves the organization is required to maintain by the states in which	
2015			Note: See the instructions for additional information the organization must report on Schedule O.	
_		139	Is the organization licensed to issue qualified health plans in more than one state?	в
			Section 501(c)(29) qualified nonprofit health insurance issuers.	13
E TOTAL			If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	q
		12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	129
			against amounts due or received from them.)	
			Gross income from other sources (Do not net amounts due or paid to other sources	q
			Gross income from members or shareholders	В
			Section 501(c)(12) organizations. Enter:	11
			Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	q
			Initiation fees and capital contributions included on Part VIII, line 12	9
	TO ONLY		Section 501(c)(7) organizations. Enter:	10
	1	96	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	q
		66	Did the sponsoring organization make any taxable distributions under section 4966?	8
y vie		-	Sponsoring organizations maintaining donor advised funds.	6
Description of the last of the	Name and Address of the Owner, where	8	sponsoring organization have excess business holdings at any time during the year?	
			Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8
_	-	62	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	ч
×	-	32	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	б
÷	+	97	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	ì
		02	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	ə
×	1000	27	If "Yes," indicate the number of Forms 8282 filed during the year	p
•		02	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	
×	+	٩Ł	bid the distriction as whereast legence and entire the entire of the first section and the bid	0
- 100	×	57	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	q
			Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	е
			Organizations that may receive deductible contributions under section 170(c).	
		q9	gifts were not tax deductible?	L
			If "Yes," did the organization include with every solicitation an express statement that such contributions or	q
×		68	organization solicit any contributions that were not tax deductible as charitable contributions?	ч
		_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	68
		ЭG	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	
×		qg	HONDREID INVOICE AND DONGWOOD OF CHARLE OF THE STATE OF T	o q
×		58	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	eg .
	TOTAL		See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-3
7			If "Yes," enter the name of the foreign country ▶	q
X		49	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	55.0
			At any time during the calendar year, did the organization have an interest in, or a signature or other authority over.	49
		3P	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	q
×		38	Did the organization have unrelated business gross income of \$1,000 or more during the year?	33
	T CHA		Note: It the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions).	
	X	SP	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	q
	SA		Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	
0	05:		Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	S2
oN	Yes		(popularios)	
n nBr	_	_	Statements Regarding Other IRS Filings and Tax Compliance (continued)	Parl
9 ege	1		990 (2020)	Form 9

16

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

16

۵	a	б	8	d
J				•

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

	IV TIB9
_	Printed by 11 to 15 Conference

				MANAGEMENT, 1509 N FRONT ST, PHILADELPHIA, PA 19122 (267)764-37	
	•	spro	n's books and reco	State the name, address, and telephone number of the person who possesses the organization	50
λoue	nd isa	uann	יוופוווצ' בחוווובו חו	and financial statements available to the public during the tax year.	61
ovil	JU 450	zotai		Own website Another's website Upon request Other (explain on Schedule O whether (and if so, how) the organization made its governing docu	61
				(3)s only) available for public inspection. Indicate how you made these available. Check all that	
2)10	e uoi	1099)		Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, it applicable	18
-//-	,3	1003/	T 000 bas 000 (List the states with which a copy of this Form 990 is required to be filed ► PA	
					71
_		q91		or G. Disclosure	ita 92
35	OSSETT	491		participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	
	17.56			If "Yes," did the organization follow a written policy or procedure requiring the organization	q
X		E91	9	with a taxable entity during the year?	
	100	-3,	the contract of the contract o	Did the organization invest in, contribute assets to, or participate in a joint venture or simil	168
				If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	
-27	×	qgı		Other officers or key employees of the organization	q
	×	158		The organization's CEO, Executive Director, or top management official	е
- 13				independent persons, comparability data, and contemporaneous substantiation of the deliberatio	
				Did the process for determining compensation of the following persons include a review a	12
×		14		Did the organization have a written document retention and destruction policy?	14
×		13	* * * * *	Did the organization have a written whistleblower policy?	13
	×	120	1	describe in Schedule O how this was done	
			olicy? If "Yes,"	Did the organization regularly and consistently monitor and enforce compliance with the p	0
	×	15P	Setoilfinoo of ean e	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	q
	×	128		Did the organization have a written conflict of interest policy? If "No," go to line 13	129
				Describe in Schedule O the process, if any, used by the organization to review this Form 990.	q
	×	stt		Has the organization provided a complete copy of this Form 990 to all members of its governing body before	stt
		10b		affillates, and branches to ensure their operations are consistent with the organization's exem	
			such chapters,	If "Yes," did the organization have written policies and procedures governing the activities of	q
×		10a		Did the organization have local chapters, branches, or affiliates?	10a
οИ	SeY				
2.2	(əpc	111111111111111111111111111111111111111		on B. Policies (This Section B requests information about policies not required by the	Section
×		6) De negoned at	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing addresses? If "Yes," provide the names and addresses on Schedule Common organization and in Schedule Common organization of the contract of the	
	×	d8	10 1004000.041	Each committee with authority to act on behalf of the governing body?	6 q
	×	58		The governing body's	9
		13/10		the year by the following:	
			dertaken during	Did the organization contemporaneously document the meetings held or written actions un	8
×	100000000000000000000000000000000000000	q _Z	** ** *	stockholders, or persons other than the governing body?	
			pl) members,	Are any governance decisions of the organization reserved to (or subject to approval	q
×		57		one or more members of the governing body?	
			elect or appoint	Did the organization have members, stockholders, or other persons who had the power to	FZ
×		9		Did the organization have members or stockholders?	9
×		9		Did the organization become aware during the year of a significant diversion of the organization	9
×		Þ		Did the organization make any significant changes to its governing documents since the prior Fon	Þ
X		3	her person? .	supervision of officers, directors, trustees, or key employees to a management company or of	
				Did the organization delegate control over management duties customarily performed by or	3
×		2		any other officer, director, trustee, or key employee?	
		150		Did any officer, director, trustee, or key employee have a family relationship or a business in	2
	1000	-10	pr dt	Enter the number of voting members included on line 1a, above, who are independent	q
				committee, explain on Schedule O.	
				if the governing body delegated broad authority to an executive committee or similar	
			pi et	If there are material differences in voting rights among members of the governing body, or	
οN	Yes		61	Enter the number of voting members of the governing body at the end of the tax year.	et
				on A. Governing Body and Management	12000
_				A government Management Management	1002

e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the	1a Complet
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
Check if Schedule O contains a response or note to any line in this Part VII	
Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	IIV FISH
I ADP-I	Form 990 (2020

organization and any related organizations. who received reportable compensation (Box 5 of Form V-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the • List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of

\$100,000 of reportable compensation from the organization and any related organizations. · List all of the organization's former officers, key employees, and highest compensated employees who received more than

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

See instructions for the order in which to list the persons above.

organization's tax year.

compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

Form 990 (2020)					0	ьвс	12/80	SEA 08\		
•0	.0	.0						×	00.I	14) LEE STOETZEL BOARD MEMBER
.0	.0	.0	†		1	T	1	×		BOARD MEMBER
									00.I	(13) SKIP SCHWARZMAN
.0	.0	.0						×		BOARD MEMBER
	l		\perp	_	-	╙	1		00.I	(12) MATT RICCIOTTI
.0	.0	.0						×	00.t	BOARD MEMBER
•0	.0	1.0	╀	-	-	+	+	+	00 L	(11) ANDREW JANOS
U	0	0						×	00.I	BOARD MEMBER
•0	.0	.0	┈	-	⊢	-	+	-	00 1	(10) JANAY GREEN
U	0	0						×	00'T	BOARD MEMBER
•0	.0		+	-	-	-	+	1.0	00 1	(a) JON GEETING
7050	0	.0						×	00.t	(8) EMILY COSTA DONES BOARD MEMBER
.0	.0	.0						×		BOARD MEMBER
									1.00	(7) MARK SQUILLA
.0	.0	.0						×		BOARD MEMBER
			L				L		00.I	(e) WARIA QUINONES-SANCHEZ
.0	.0	.0						×		BOARD MEMBER
10			_		_	1	╄	_	00.I	(2) DARRELL CLARKE
.0	.0	.0				×		×	~~~~	SECRETARY
		L.,	_		_	_	1	_	2.00	(4) DENIZE WYXEK
.0	.0	.0				×		×	00.S	(3) LISA MAZZOLA TREASURER
.0	.0	.0				×		×		VICE CHAIR
									2.00	(S) JOSH OLIVO
.0	.0	.0				×		×		CHAIR
									00.8	(1) PAUL KIMPORT
compensation from the organizations and related organizations	from related organizations (W-2/1099-MISC)	from the organization (W-2/1099-MISC)	Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director	yee week (list any hours for related organizations below dotted line)	
(F) Estimated amount to to other	(E) Reportable compensation	(D) Reportable compensation	an	o nedt dod si teuntho	uosi	s bei bosi bosi	ot che	n 'xoq	(a) Average short	(A) altit bns ems//

	очм (evods beteil es	tho	ot b	ətim ⊲ ac	iil j	ou	but e org	gnibuloni) s	Total number of independent contractors	5
(C)	O 500	(B) Description of service							SS	(A) Mame and bus embM	
nan \$100,000 of zation's tax year.	ceived more the	tractors that re	kesi cou	hent ndar	csle	əyı	i b	sated	set compens	Complete this table for your five higher compensation from the organization. Report	ı
										on B. Independent Contractors	Sectio
X S	on or individual	lated organization	ns Jun eJun	any i	rom from	ou i	satio	suədu		Individual Did any person listed on line 1a receive or for services rendered to the organization?	9
X E	sation from the	d other compens	ue i	. \fr noites	enpi/	no.	р еј 19 еј	or suc	chedule J fo sum of repo	Did the organization list any former of employee on line 14? If "Yes," complete S For any individual listed on line 1a, is the organization and related organizations	ъ Е
IO	מושוו לי ושטי,טטו לי וואווז	aloui pavianai o	1100	(2400	מח מו	11011	200	2U) 01	■ noite:	reportable compensation from the organiz	120
.0	.0	.883,88	4///	€ . (evod	·	 	,	*		Total from continuation sheets to Part / Total (add lines 1b and 1c). Total number of individuals (including but	S q c
.0	.0	.682,68	1	•			•			Subtotal	٩Ļ
			-								(52)
			-		L			_			(54)
		-	H		L			-	***********		(23)
·			-				_	-			(22)
							L				(12)
											(20)
			-								(61)
				_				-		***************************************	(81)
			_			_	_				(11)
.0	.0	.882,68				×			00.04	ARC D COLLAZZO XECUTIVE DIRECTOR	
noinsenagion erit mori erigano sand enested organizations	from related organizations (C)2:NISC)	(W-2/1099-MISC) too the trough the	Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director	Meew heq Yns Jeil) Yo' enuori Yo' eniori Belon Woled (enii bettob	000 t 100 % d 2dt	(3+/
(F) Estimated amount of other	(E) Reportable compensation	(D) Reportable compensation	900	s, an than c	c) more more	ed si Bos Bos	da to anles	do ne)	(B) Average hours	Section A. Officers, Directors, 7 (A) Name and title	18-4

Form 990 (2020)

Part VIII Statement of Revenue

	(A)	
V hi	s9 sidt ni enil	Check if Schedule O contains a response or note to any

. 426	.0	.215,91	.968,269	4 ' ' '	* *	, anoito	natru	Total revenue. See	12	
	A married and the second			4		* * * *	brr-		9	3
								All other revenue	р	R
			The composition of the control of th	ev ë						
									q	ane
									arr	le or
				Business Code						S
					entor					
					901				q	
					103					
				E .					BOL	
				■ 8	vities	tos gnimsg	from	Net income or (loss)	0	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				96		· S	resa: qirect expense	q	
The Company of the					69					
						gaming	wo.	oross income fr	69	
				✓	ever	fundraising	mon	Net income or (loss)	0	
			A STATE OF THE STA		d8	7	' S	ress: qirect expense	q	
					88					
				114	1					
						1 22222				0
	N. C.					gnisishb	unj u	Gross income fron	83	Ě
				4		T		Net gain or (loss)	p	¥
							υŢ	Gain or (loss)	o	ev ev
							QZ.	· sasuadxa sales bns		en
		1977 6					10.50	Less: cost or other basis	q	He .
							73	other than inventory		
				28. 141.				sales of assets		
				(ii) Other	S	(i) Securitie	1	Gross amount from	Γa	
				4		(ssol) .	Net rental income of	p	
		THE SHALL SHALL	le de la constant de				29	Rental income or (loss)	о	
							q9		q	
							68	Gross rents	69	
				(ii) Personal		lseA (i)			3700	
				4				Royalties	9	
				uq bioceeds ▶	od to	f tax-exemp	o tuen	Income from investn		
.188	.0	.0	. 428	■						
				bns ,tseresti,	spuə	bivib gnibu	(inclr	Investment income	3	
			.ais, ais.	4			. 15-	Total. Add lines 2a-	6	
					*8				J.	Ţ
					10000			***************************************	Э	Pog
								***************************************	р	ran
					17.77		******		0	eni eni
		CHI			10000				q	e V
.0	.0	.21E,91	.81E,91	667199	(5550	ÛE	ENEM	FISHTOWN CO R	29	ice
		HE IS YOU THE WAY		Business Code						
			.722,873	4	- 100/-		, † I-	Total, Add lines 1a-	ч	aC
				\$	61			it-st senil		DG SG
	game a Linke					ni babula	ni and	Noncash contribution	6	OF F
					łr					ler Li
	THE RESERVE	1000							1	Sir
				.025,28	9ľ	(anoitudin			ә	nik G
					br	0	· su	Related organizatio	р	T A
					ot.	35 25 37		Fundraising events	0	m o
				.776,888	41			Membership dues	q	rar
					13	X 8 3	· sul		et	र्ड र
Revenue excluder from tax under sections 512–514	eunever aseniaud	Related or exempt function revenue	Total revenue							
(a)	(၁)	(8)	(A)							

REV 09/06/21 PRO

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must comp

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete columns. Check if Schedule O contains a response or note to any line in this Part IX	
complete column (A).	(c)(3) and 50 (c)(4) organizations must complete all columns. All other organizations m	oc uonoes

• 0	.180,68	.609,18E	.049,074	Total functional expenses. Add lines 1 through 24e Joint coats. Complete this line only if the organization reported in column (B) joint coats from a combined educational campaign and fundraising solicitation. Check here If it it is it it is it in the coats of the coats it it is it in it is in it in it is in it is in it in it is in it is in it in it is in it in it is in it in it is in it is in it in it is in i	5 <u>0</u>
.0	.928	.768,88	.622,06	All other expenses	Э
.0	1,500.	.0	.002,I	SOBSCRIPTIONS & MEMBERSHIPS	р
.0	.0	.898,11	.898,11	ECON DEA & FUBLIC SAFETY	၁
.0	.0	.682,86	.682,86	CLEANING, GREENING, MAITENANCE	q
.0	.0	.839,	.688,22	CAPITAL IMPROVEMENTS & PARKING	9
				Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. It line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	54
.0	. £80,4	1.0	. €80, ₽	Insurance	23
	1 000 /			Depreciation, depletion, and amortization .	22
				Payments to affiliates	51
				Interest	20
				Conferences, conventions, and meetings	49
			+	for any federal, state, or local public officials	Ur
				Payments of travel or entertainment expenses	18
.0	.0	.252.	.252.	Travel	71
.0	.176,81	.0	.176,81	Occupancy	91
	120 01	0	120 01	Royalties	
.0	1,324.	.0	1,324.	niformation technology	15
•0	3,658.	.0	3,658.		14
.0	'SSI'6I	'950'SI	.IIS,48		13
.0	.271,7			Advertising and promotion	12
0	3717	.80£	.881,7	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	6
				Investment management fees	ì
	THE MENT OF STREET		100	Professional fundraising services. See Part IV, line 17	Ð
				Lobbying	p
.0	.721,8	.0	.721,8	Accounting	0
				Legal	q
				Management	6
				Fees for services (nonemployees):	11
0	.918,1	10,610.	12,426.	Payroll taxes	10
.0	.0	. 5. 7.33.	.887,8	section 401(k) and 403(b) employer contributions) Other employee benefits	6
				Pension plan accruals and contributions (include	8
• 0	.0	.001,20	.001,29	persons described in section 4958(c)(3)(B) Other salaries and wages	L
• •	***************************************	1107/10	1000100	Compensation not included above to disqualified and included above (1)(1)(1)8564 not section 4958(1)(1)) and	9
.0	.396,33	.781,78	·885'68	trustees, and key employees	
				Benefits paid to or for members	\$ *
				organizations, foreign governments, and 16 foreign individuals. See Part IV, lines 15 and 16	
				Grants and other assistance to foreign	3
				Grants and other assistance to domestic individuals. See Part IV, line 22	2
				Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	L
(d) Fundraising expenses	(C) Management and general expenses	(B) Program service expenses	(A) seaneqxe listoT	of include amounts reported on lines 6b, 7b, p, and 10b of Part VIII.	96 '98

or Fund Balances 222,256. , , , assets without donor restrictions . . . 22 27 and complete lines 27, 28, 32, and 33. Organizations that follow FASB ASC 958, check here ▶ 🗵 130,423 56 Total liabilities. Add lines 17 through 25 56 of Schedule D .268,84 52 parties, and other liabilities not included on lines 17-24). Complete Part X Other liabilities (including federal income tax, payables to related third 52 Unsecured notes and loans payable to unrelated third parties . . . 54 54 23 Secured mortgages and notes payable to unrelated third parties Liabilities controlled entity or family member of any of these persons trustee, key employee, creator or founder, substantial contributor, or 35% Loans and other payables to any current or former officer, director, 22 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 51 Tax-exempt bond liabilities 20 20 Deferred revenue 61 61 Grants payable 81 81 Accounts payable and accrued expenses 87,528 41 11 325,679 Total assets. Add lines 1 through 15 (must equal line 33) 91 91 Other assets. See Part IV, line 11 91 91 Intangible assets 71 11 Investments-program-related. See Part IV, line 11 . . . 13 13 Investments-other securities. See Part IV, line 11. 15 15 Investments-publicly traded securities 11 11 Less: accumulated depreciation 10b 100 q basis. Complete Part VI of Schedule D . . . Land, buildings, and equipment: cost or other 10a 2,020 Prepaid expenses and deferred charges 6 6 Inventories for sale or use 8 8 Notes and loans receivable, net 1 1 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 9 Loans and other receivables from other disqualified persons (as defined 9 controlled entity or family member of any of these persons G trustee, key employee, creator or founder, substantial contributor, or 35% Loans and other receivables from any current or former officer, director, 9 Accounts receivable, net 299,149 t b Pledges and grants receivable, net ε 3 Savings and temporary cash investments 2 2012,12 L Cash - non-interest-bearing End of year Beginning of year Check if Schedule O contains a response or note to any line in this Part X Part X Balance Sheet

Form 990 (2020) .678,528

222,256

33

35

15

30

56

28

Total liabilities and net assets/fund balances . .

and complete lines 29 through 33.

Total net assets or fund balances

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow FASB ASC 958, check here ▶ anoitointeer nonob driw stease teM

Paid-in or capital surplus, or land, building, or equipment fund

Capital stock or trust principal, or current funds

33

35

15 30

53

28

Net Assets

_	10 PV0
_	0000

Form 990 (2020)

(SOSO)	066	Form	REV 09/08/21 PRO	
×		3a d£	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	
	Sec.	10000	Schedule O.	39
			If the organization changed either its oversight process or selection process during the tax year, explain on	
	×	Sc	the audit, review, or compilation of its financial statements and selection of an independent accountant?	
			If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	0
			separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	
784			If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	
×		SP	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	q
	×	Sa	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?	Sa
			Accounting method used to prepare the Form 990: Cash X Accrual Other	
oN	Yes		Accounting method used to prepare the Form 900.	٠
		* *	Check if Schedule O contains a response or note to any line in this Part XII	
			Financial Statements and Reporting	Par
. 98	2,55	2.2	32, column (B))	
			Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	10
			Other changes in net assets or fund balances (explain on Schedule O)	6
			Prior period adjustments	8
			T sesnedxe framiteeval	L
			Donated services and use of facilities	9
			Alet unrealized gains (losses) on investments	9
			Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	t
	22,2		Revenue less expenses. Subtract line 2 from line 1	3
	9'01		Total expenses (must equal Part IX, column (A), line 25)	2
. 968	8,26	9	Total revenue (must equal Part VIII, column (A), line 12)	1
			Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	Par
1 age	ed .		(and an	ASSESSED

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 charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	of the organization					Employer identification	n number			
	HTOWN KENSINGTON AREA					84-4037072				
Par							ons.			
1	organization is not a private found A church, convention of chur									
2	A school described in section									
3	A hospital or a cooperative h									
4	A medical research organizate hospital's name, city, and sta	tion operated in a ate:	conjunction with a hos	pital des	cribed in	section 170(b)(1)(A)	MARK.			
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6 7	☐ A federal, state, or local gove ☐ An organization that normally described in section 170(b)(y receives a sub	stantial part of its sup	d in sect oport from	ion 170(b n a gove)(1)(A)(v). rnmental unit or fron	n the general public			
8	A community trust described	in section 170(l	b)(1)(A)(vi). (Complete	Part II.)						
9	An agricultural research orga or university or a non-land-gr university:	nization describe rant college of ag	ed in section 170(b)(1 griculture (see instructi)(A)(ix) or ons). Ent	er the nar	me, city, and state o	f the college or			
10	An organization that normally receipts from activities relate support from gross investme acquired by the organization	d to its exempt f nt income and u	unctions, subject to co prelated business taxa	ertain exc	eptions;	and (2) no more than	o fees, and gross 1331/3% of its businesses			
11	An organization organized an									
12	An organization organized and	d operated exclu	sively for the benefit of	of, to perf	orm the f	unctions of, or to ca	rry out the purposes			
	of one or more publicly supp Check the box in lines 12a thr	ough 12d that de	escribes the type of su	pporting	organizati	on and complete line	es 12e, 12f, and 12g			
а	Type I. A supporting orga the supported organizatio supporting organization. Y	n(s) the power to	regularly appoint or e	elect a m	ajority of t	rted organization(s), the directors or trust	typically by giving ees of the			
b	Type II. A supporting orga control or management of organization(s). You must	f the supporting	organization vested in	the same	with its s e persons	supported organizati that control or man	on(s), by having age the supported			
С	Type III functionally integrated its supported organization	grated. A suppo n(s) (see instruction	rting organization ope ons). You must comp	rated in d	onnection	n with, and functiona	ally integrated with,			
d	Type III non-functionally that is not functionally inte requirement (see instructional property)	grated. The orga	anization generally mu	st satisfy	a distribu	ution requirement an	orted organization(s) d an attentiveness			
е	Check this box if the orga functionally integrated, or	Type III non-fund	ctionally integrated su	on from t	he IRS th organizat	at it is a Type I, Type ion.	e II, Type III			
f	Enter the number of supported	organizations .		* 5 *						
g	Provide the following information (i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	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)			
(A)				Yes	No					
(B)				-						
(C)										
(D)										
(E)										
Total				PRINCIPAL PRINCI						
i Viai		The state of the s	A STATE OF THE PARTY OF THE PAR	LOW COLUMN TWO WAYS AND	11 S. J. St. Line St.					

	(Complete only if you checked to Part III. If the organization fails to						alify under
Sect	ion A. Public Support	quality und	er the tests in	sted below, p	nease compi	ete Fart III.)	
	ndar year (or fiscal year beginning in)	(a) 2016	(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						
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						
	ion B. Total Support					W	-
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4						
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	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop her	e		, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3) ▶ □
	on C. Computation of Public Suppor						
14 15 16a	Public support percentage for 2020 (line 6 Public support percentage from 2019 Sch 331/3% support test—2020. If the organization qual	edule A, Part zation did not	II, line 14 . check the box		 nd line 14 is 33	14 15 31/3% or more,	
b	331/3% support test – 2019. If the organization this box and stop here. The organization	ation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the forganization	20. If the orga eets the facts acts-and-circ	anization did ne and-circumsta umstances tes	ot check a box ances test, che t. The organiz	on line 13, 19 eck this box a ation qualifies	6a, or 16b, and stop here. as a publicly	d line 14 is Explain in
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	19. If the organized meets the facts-and-circ	anization did n acts-and-circur cumstances te	ot check a box nstances test, st. The organiz	x on line 13, 1 check this bo zation qualifies	6a, 16b, or 17a x and stop he s as a publicly	a, and line re. Explain supported
18	Private foundation. If the organization dinstructions	id not check	a box on line	13, 16a, 16b,	17a, or 17b,	check this bo	x and see

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

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.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 17 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 331/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 b 331/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 b 331/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 b 331/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 11 control the user of capital assets the condition of the properties of capital assets the capital asse	Sect	ion A. Public Support			, p		/	
received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandles add or services performed, or facilities tumbed in any excitity that is related to the organization's bare-warmyt purpose. Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the start are not an unrelated trade or business under section 513 4 Tax revenues levied for the start are not an unrelated trade or business under section 513 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5 . 7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons are ceived from disqualified persons. b Amounts included on lines 2 and 3 received from other than disqualified persons. ceived from other than disqualified persons. c Add lines 7 and 7 b Public support. (Subtract line 7 from line 6 . 9 Amounts from line 6 . 10 Gross income from interest, dividends, payments received on securities loans, rents, royaltes, and income from amiliar sources . b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . c Add lines 10 a and 10 b Nel income from unrelated business activities and income from amiliar sources . 10 Amounts from line 6 . 11 Not income from unrelated business activities and income from amiliar sources . 12 Other income. Do not include gain or loss from the sale of capitaly carried on loss from the sale of capital assets (Explain in Part VI) . 15 Total support (Pacific lines 9, 100, 11) . 16 Spain in Part VI) . 17 Total support percentage from 2019 Schedule A, Part III, line 17 . 17 Income than 331-9%, check this box and stop here. The organization of lu	Caler		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
2 Gross receipts from admissions, merchandies sold or services performed, or facilities furnished in any activity that is related to the organization's bareful star-ewarpt purpose. 3 Gross receipts from activities that are not an unrelated to services or facilities furnished by a governmental unit to the organization without charge. 5 The value of services or facilities furnished by a governmental unit to the organization included on lines 1, 2, and 3 received from discussified persons b Amounts included on lines 2, 2 and 3 received from discussified persons b Amounts included on lines 2, 2 and 3 received from discussified persons that exceed the greater of \$5,000 or 1% of the amount on line all 3 for the year c Add lines 7a and 7b. 8 Public support. (Subtract line 7c from line 6.) 9 Amounts from ther than claqualified persons in the first of the year c Add lines 7a and 7b. 9 Amounts from ther 6. Gross income from interest, dividends, payments received no securities foars, rents, royalties, and income from aiminar sources. b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975. c Add lines 70 and 100 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (cicylain in Part VI). 17 Total support. (Add lines 9, 10c, 11, and 12). 18 Total support (Pidd lines 9, 10c, 11, and 12). 19 Total support (Pidd lines 9, 10c, 11, and 12). 19 Total support (Pidd lines 9, 10c, 11, and 12). 10 Linestment income percentage for 2020 (line 10c, column (l), divided by line 13, column (l)). 18 Section D. Computation of Investment Income Percentage 19 Public support of computation of color of lines of the organization of line 10c, and line 16 is more than 33½%,	1					5 50 50		
sold or services performed, or facilities furnished in any activity that is related to the organization's tax-evempt purpose. 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 Total. Add lines 1 through 5. 7 A mounts included on lines 1, 2, and 3 received from disqualified persons. 8 Public support. (Subtract line 7c from line 6). 8 Public support. (Subtract line 7c from line 6). 9 A mounts from line 6 9 A mounts from line 6 10 Cross income from interest, dividends, payments leaves and so received from business save section 511 taxes) from businesses activities not line and 1, 354. 9 A mounts from line 6 10 Cross income from interest, dividends, payments received from businesses activities not lond united business taxable in come (less section 511 taxes) from businesses activities not londed to line 30, 1975. 9 C Add lines 10 and 100 10 Cher income. Do not included gain or loss from the sale of capital assets (Explain in Part VI). 10 Total support. (Add lines 9, 10c, 11, and 12) 11 Not income from unrelated business activities not londuled gain or loss from the sale of capital assets (Explain in Part VI). 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 5016(3) organization, check this box and stop here 15 Public support percentage from 2019 Schedule A, Part III, line 15 16 Public support percentage from 2019 Genedule A, Part III, line 15 17 Investment income percentage from 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 15 is more than 33½%, and line 18 is more than 33½%, check this box and stop here. The reparation of layeling support degraz							678,227.	678,227.
furnished in any activities that are not an unrelated trade or business activities that are not an unrelated trade or business under section 513 4 Tax revenues leviced 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 Total. Add lines 1 through 5 . 7a Amounts included on lines 1, 2, and 3 received from discussified persons . b Amounts included on lines 2 and 3 received from discussified persons . b Amounts included on lines 1, 2, and 3 received from discussified persons . b Amounts included on lines 2 and 3 received from other than discussified persons that exceed the greater of \$5,000 or 15 of the amount on line 13 for the year c Add lines 7 and 75 . 8 Public support, Cubtract line 7 from line 6, . 10a Gross income from interest, dividends, payments from line 6, . 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . c Add lines 10a and 10b . 10 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 125 or 15 taxes promounts from the sale of capital assets (Explain in Part VI.) . 10 Total Support, (Add lines 9, 10c, 11, and 12) . 11 Net income from unrelated business activities not included in line 10b, whether or lost the business is regularly carried on 125 charges. 12 Total support, (Add lines 9, 10c, 11, and 12) . 13 Total support tests = 2010. If the organization's first, second, third, fourth, or fifth tax year as a section 501(6) organization, check this box and stop here . 15 Public support percentage from 2019 Schedule A, Part III, line 15 . 16 Public support restrates grow 2020 (line 10, column 6), divided by line 13, column (f)) . 17 Investment income percentage from 2019 Schedule A, Part III, line 16 in 16 in more than 331-9%, and line 18 is more than 331-9%, should line 18 in ord to the facility support degranization . 1	2	sold or services performed, or facilities						
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 Total. Add lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 and 75		furnished in any activity that is related to the						
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 Total. Add lines 1 through 5 . 7a Amounts included on lines 2 and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b. 8 Public support. (Subtract line 7c from line 6.) . 9 Amounts from line 6 . 10a Gross income from interest, dividends, payments received on securities loans, ents, royalties, and income from similar sources . b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . c Add lines 10a and 10b . Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.) . 13 Total support. (Add lines 9, 10c, 11, and 12.) . 14 First 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 17 . Investment income percentage from 2019 Schedule A, Part III, line 17 . Investment income percentage from 2019 Schedule A, Part III, line 17 . Investment income percentage from 2019 Schedule A, Part III, line 17 is not more than 331-3%, and line 18 is not more than 331-3%, check this box and stop here. The organization qualifies as a publicly supported organization brid in the form of the public support degracation percentage from 2019 Schedule A, Part III, line 17 is not more than 331-3%, and line 18 is not more than 331-3%, check this box and stop here. The organization qualifies as a publicly supported organizatio							14,315.	14,315.
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 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 1, 2, and 3 received from disqualified persons in the control of the amount on line 13 for the year. c Add lines 7a and 7b. 9 Public support. (Subtract line 7c from line 6). Section B. Total Support. Calendary vear (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6. Gross income from interest, dividends, payments received on securifies loans, rents, royatites, and income from similar sources. b Unrelated business staxible income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10 a and 10 b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years, 1 first Form 90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) resection C. Computation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 17 1 Investment income percentage from 2019 Schedule A, Part III, line 17 1 Investment income percentage from 2019 Schedule A, Part III, line 17 1 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 16 56 18 331% support tests—2019. If the organization did not check the box on line 14 or line 19a, and line 18 in on more than 331%, and and line 18 in on more than 331%, show and stop here. The organization qualifies as a publicly supported organization ▶ □ 18 331% support tests—2019. If the organization did not check a box on line 14 or line 19a, an	3							
organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5	4							
or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 and 7 b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 organization denote from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . c Add lines 10a and 10b 11 Net income from unrelated business activities not included gain or loss from the sale of capital assests (Explain in Part VI). 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage from 2019 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage To lines from the sale of capital assests 16 % Section D. Computation of Investment Income Percentage To lines from the sale of capital social percentage from 2019 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage from 2019 Schedule A, Part III, line 17 18 33/3% support tests—2020. If the organization did not check the box on line 14, and line 16 is more than 33/3%, and line 16 is nore than 53/3%, ch	4							
5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5 7 A Amounts included on lines 2, and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c. Add lines 7a and 7b. Public support. (Subtract line 7c from line 8.). Section B. Total Support Calendar year (or fiscal year beginning in) ▶ 9 Amounts from line 6. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business assist on clinculaded in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI). 13 Total support. (Add lines 9, 10c, 11, and 12). 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage from 2019 Schedule A, Part III, line 15. 16 Public support percentage from 2019 Schedule A, Part III, line 15. 18 Public support percentage from 2019 Schedule A, Part III, line 17. 19 Section C. Computation of Investment Income Percentage 19 Jan 19 Section Computation of Investment Income Percentage from 2019 Schedule A, Part III, line 17. 19 Section Computation of Investment Income Percentage from 2019 Schedule A, Part III, line 17. 19 Section Computation of Investment Income Percentage from 2019 Schedule A, Part III, line 17. 19 Section Computation of Investment Income Percentage from 2019 Schedule A, Part III, line 17. 19 Section Computation of Investmen								
furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5	5							
6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c. Add lines 7a and 7b. 8 Public support. (Subtract line 7c from line 6.) 5ection B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6. 9 Amounts from line 6. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b 11 Net 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.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage from 2019 Schedule A, Part III, line 15 16 94 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 Investment income percentage from 2019 Schedule A, Part III, line 17 19 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 31% support tests – 2019. If the organization did not check the box on line 14, and line 15 is more than 331%, and line 17 is not more than 331%, on the side of the companization of line 16 is more than 331%, and line 18 is not more than 331%, and line 16 is more than 331%, on the line of the companization of line 16 is more than 331%, and line 16								
Tax Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Callendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business in regularly carried on loss from the sale of capital assets (Explain in Part VI). 13 Total support, (Add lines 9, 10c, 11, and 12) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage from 2019 Schedule A, Part III, line 15 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 In westment income percentage from 2019 Schedule A, Part III, line 17 In westment income percentage from 2019 Schedule A, Part III, line 17 In westment income percentage from 2019 Schedule A, Part III, line 17 In westment income percentage from 2019 Schedule A, Part III, line 17 In westment income percentage from 2019 Schedule A, Part III, line 17 In westment income percentage from 2019 Schedule A, Part III, line 17 In so the more than 331-3%, and line 18 is not more than 333-3%, and line 1		organization without charge						
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 c Add lines 7a and 7b	6						692,542.	692,542.
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 c Add lines 7a and 7b. 8 Public support. (Subtract line 7c from line 6	7a							
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b		received from disqualified persons .						
persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	b							
or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) Section B. Total Support Gross income from interest, dividends, payments received on securities loans, ents, royalties, and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 15								
c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6). Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage fror 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 31/3% support tests – 2020. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □ 18 331/3% support tests – 2019. If the organization of line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □								
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) ► Amounts from line 6. Gross income from line 6. Unrelated business, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 10 Other income. Do not include gain or loss from 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.) 44 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section D. Computation of Public Support Percentage 17 Investment income percentage from 2019 Schedule A, Part III, line 15. 18 Investment income percentage from 2019 Schedule A, Part III, line 17. 19 31/3/% support tests—2020. (if the organization of lone of lone of lone of the organization of lone of lo	C							
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.) 13 Total support, (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 15 Public support percentage from 2019 Schedule A, Part III, line 15 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percent		보기 () , () 이번 () 이번 시간 () 이번 시간 () 시간 () 이번 시간 () 시간 () 이번 시간 () 시간				AND THE RESERVE		-
Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6		line 6.)						692.542.
9 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 17 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 Investment income percentage from 2019 Schedule A, Part III, line 17 19 Investment income percentage from 2019 Schedule A, Part III, line 17 19 Investment income percentage from 2019 Schedule A, Part III, line 17 19 Investment income percentage from 2019 Schedule A, Part III, line 17 10 Investment income percentage from 2019 Schedule A, Part III, line 17 10 Investment income percentage from 2019 Schedule A, Part III, line 17 11 Investment income percentage from 2019 Schedule A, Part III, line 17 12 Investment income percentage from 2019 Schedule A, Part III, line 17 13 Investment income percentage from 2019 Schedule A, Part III, line 17 14 Investment income percentage from 2019 Schedule A, Part III, line 19 15 Investment income percentage from 2019 Schedule A, Part III, line 19 16 Investment income percentage from 2019 Schedule A, Part III, line 19 17 Investment income percentage from 2019 Schedule A, Part III, line 19 18 Investment income percentage from 2019 Sched	Secti	on B. Total Support						
Total support. (Add lines 9, 10c, 11, and 12.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization (f) 15 % 18 % 331-% support tests −2019. If the organization idi not check a box on line 14, and line 15 is more than 331-3%, and line 16 is more than 331-3%, and line 16 is more than 331-3%, and line 18 is not more than 331-3%, check this box and stop here. The organization qualifies as a publicly supported organization Southern Compute (Add line 10) 15 16 16 16 16 16 16 16	Caler	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
payments received on securities loans, rents, royalties, and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.). 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)). 16 Public support percentage from 2019 Schedule A, Part III, line 15. 17 Investment income percentage from 2019 Schedule A, Part III, line 17. 18 Investment income percentage from 2019 Schedule A, Part III, line 17. 19 33/a% support tests – 2020. If the organization did not check the box on line 14, and line 15 is more than 33/a%, and line 17 is not more than 33/a%, check this box and stop here. The organization qualifies as a publicly supported organization b 33/a% support tests – 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33/a%, and line 16 is nore than 33/a%, and line 18 is not more than 33/a%, check this box and stop here. The organization qualifies as a publicly supported organization 1	9	Amounts from line 6					692,542.	692,542.
to the business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b	10a							
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.). 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.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 33¹a'% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33¹a'%, and line 17 is not more than 33¹a'%, check this box and stop here. The organization qualifies as a publicly supported organization b 33¹a'% support tests—2019. If the organization id not check a box on line 14 or line 19a, and line 16 is more than 33¹a'%, and line 18 is not more than 33¹a'%, check this box and stop here. The organization qualifies as a publicly supported organization 1								
section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b	h						354.	354.
acquired after June 30, 1975	D				1			
C Add lines 10a and 10b								
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.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 17 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17, 18 19 33¹/3% support tests – 2020. If the organization did not check the box on line 14, and line 15 is more than 33¹/3%, and line 17 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization part line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization part line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization part line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization part line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization part line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization part line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization part line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization part line 18 is not more than 33¹/3%, check this box and	С	The state of the s					35.4	25.4
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.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 17 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 331/2% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 b 331/2% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 public support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Pinch 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Pinch 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Pinch 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Pinch 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Pinch 18 is not more than 331/3%,	11	[80] [80] [80] [80] [80] [80] [80] [80]					334.	334.
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.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage for 2019 Schedule A, Part III, line 17 19 33½% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization 10 b 33½% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization 10 computation of Investment Income Percentage 11 Investment income percentage from 2019 Schedule A, Part III, line 17 12								
loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 17 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 33¹/₃% support tests − 2020. If the organization did not check the box on line 14, and line 15 is more than 33¹/₃%, and line 17 is not more than 33¹/₃%, check this box and stop here. The organization qualifies as a publicly supported organization 1 Investment income than 33¹/₃%, check this box and stop here. The organization qualifies as a publicly supported organization 1 Investment income than 33¹/₃%, check this box and stop here. The organization qualifies as a publicly supported organization 1 Investment income than 33¹/₃%, check this box and stop here. The organization qualifies as a publicly supported organization 1 Investment income than 33¹/₃%, check this box and stop here. The organization qualifies as a publicly supported organization 1 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 Investment income percentage from 2019 Schedule A, Part III, line 17 19 Investment income percentage from 2019 Schedule A, Part III, line 17 10 Investment income percentage from 2019 Schedule A, Part III, line 17 11 Investment income percentage from 2019 Schedule A, Part III, line 17 10 Investment income percentage from 2019 Schedule A, Part III, line 17 10 Investment income percentage		or not the business is regularly carried on						
(Explain in Part VI.)	12							
Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 17 % Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 331/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization by line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization by line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization by line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization by line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization by line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization by line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization by line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization by line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization by line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly suppo						1		
and 12.) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	10							
First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	13	그런 하는데 하는데 가게 되었다. 이번 사람은 아이는 아이는데 나를 하는데						***
organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 331/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 331/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 Investment income percentage from 2019 Schedule A, Part III, line 17 11	14		organization's	first second	third fourth	or fifth tax vo	692,896.	692,896.
Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) Public support percentage from 2019 Schedule A, Part III, line 15 Cection D. Computation of Investment Income Percentage Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment income percentage from 2019 Schedule A, Part III, line 17 Investment inc		organization, check this box and stop her						
Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	Secti			е				
Public support percentage from 2019 Schedule A, Part III, line 15	15				3, column (f))	an a ran a ran	15	%
Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	16	Public support percentage from 2019 Sch	edule A, Part I	III, line 15			16	
Investment income percentage from 2019 Schedule A, Part III, line 17		on D. Computation of Investment Inc	come Percer	ntage			-	
Investment income percentage from 2019 Schedule A, Part III, line 17	17	Investment income percentage for 2020 (li	ne 10c, colum	nn (f), divided b	y line 13, colur	mn (f))	17	%
b 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . b 331/3% support tests – 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	18	Investment income percentage from 2019	Schedule A, F	Part III, line 17			18	%
b 331/3% support tests – 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	19a	33'/3% support tests—2020. If the organiz	zation did not	check the box	on line 14, an	d line 15 is m	ore than 331/3%	, and line
line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	h	331/2% support tests 2010 If the	ma stop nere.	i ne organizatio	on qualifies as a	publicly suppo	orted organizatio	on . ▶ 🗆
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and accident actions.	D	line 18 is not more than 331/2% check this h	ation aid not cr	neck a box on I	ine 14 or line 1	9a, and line 16	is more than 33	31/3%, and
	20	Private foundation. If the organization dis	not check a k	oox on line 14	19a or 10h o	as a publicly St book this boy	apported organi	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.)

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

Par	Supporting Organizations (continued)			Page
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
а			NO.	
	11c below, the governing body of a supported organization?	11a		
b	, and the second	11b		
c	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.			
Sec	tion B. Type I Supporting Organizations	11c		
	and 2. Type I supporting organizations		Yes	No
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, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Tes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the toy year the toy		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	Name of Street	
Sect	ion 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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		ISJ.	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			0457
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	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).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2	-	
	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Secti	ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see			
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	nstruc	tions).
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 ins	tructio	onel
2	Activities Test. Answer lines 2a and 2b below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	9/1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b		2a		
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		ELISSI.
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 Part VI.	3a	and the same	-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

111 51

68.0	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 Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		Name of the last o
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	ion B-Minimum Asset Amount	AII.	(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):			
a	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	ion 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 (see instructions).	ally in	ntegrated Type III suppo	rting organization

Schedule A (Form 990 or 990-EZ) 2020

Pari	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	izations (continue	ed)	
Sec	tion D-Distributions	100	7.		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers ex-	orted			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-		VI)	5	
6	Other distributions (describe in Part VI). See instructions.	•		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	ch the organization is res	sponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			1913	
2	Underdistributions, if any, for years prior to 2020				
A 1,000	(reasonable cause required — explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016			2 10	
С	From 2017			444	
d	From 2018			4.51	
е	From 2019				
f	Total of lines 3a through 3e			Venil	
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount		halastic 12		
i	Carryover from 2015 not applied (see instructions)			14/4	NATURAL PARTY
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				SOUTH STATES
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount			500	
С	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				100 July 100
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016			UE -	
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019			alla i	
е	Excess from 2020		THE RESIDENCE	25 10 10	SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF T

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.)
·	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization FISHTOWN KENSINGTON AREA BUSINESS IMPROVEMENT DISTRICT 84-4037072 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) . 2 Aggregate value of grants from (during year) . . 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: \$

b Assets included in Form 990, Part X

	а	Ю		

Part	III Organizations Maintaining	Collections of	Art, Hist	orical Ti	reasures, o	or Oth	er Similar Ass	ets (col	านทน	ea)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	ther record	ds, check	any of the	followi	ng that make sig	Inificant	use (of its
а	☐ Public exhibition		d [] Loan c	or exchange	progra	m			
b	☐ Scholarly research		е [Other			***************************************			
	December for future congretions									200
4	Provide a description of the organizat	ion's collections	and explai	n how th	ney further th	ne orga	ınization's exemp	ot purpo	se in	Part
	XIII									
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be mainta	donations ained as p	of art, hart of the	nistorical tre: organization	asures n's coll	or other similar ection?	☐ Ye	s 🗆] No
Part	TV Escrow and Custodial Arra	ngements.								
	Complete if the organization 990. Part X, line 21.	answered "Yes							Forr	n
	Is the organization an agent, trustee, included on Form 990, Part X?					ons or	other assets not	☐ Ye	s 🗆] No
b	If "Yes," explain the arrangement in Pr	art XIII and compl	ete the fol	lowing ta	ible:		Am	nount		
	ter in a viv					1c	740	iouni.		
c	Beginning balance		2 2 6 9			1d				
d	Additions during the year					1e				
е	Distributions during the year					1f				
f	Ending balance		ort V line	21 for o			account liability?	□ Ye	s l	No
2a	If "Yes," explain the arrangement in P	at VIII. Chack ha	rait A, iiile	nlanation	has been n	rovide	d on Part XIII		Ē	j
		art Alli. Check he	ie ii uie ex	piariation	Thas been p	TOVIGO	d Off i dit zum z			_
Par	Endowment Funds. Complete if the organization	answered "Ves	" on For	m aan E	Part IV line	10				
	Complete II the organization	(a) Current year	(b) Pric		(c) Two years		(d) Three years back	(e) Four	vears	back
- 100	B	(a) Corrent year	(0) 1110	n year	(c) The years	ouon	(0)		7	
1a	Beginning of year balance							-		
b	Contributions		-			-				
С	Net investment earnings, gains, and losses									
d	Grants or scholarships							-		
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	the current year e	nd balanc	e (line 1g	, column (a))	held a	s:			
а	Board designated or quasi-endowme	nt 🕨	%							
b	Permanent endowment ▶	%								
C	Term endowment ▶%									
	The percentages on lines 2a, 2b, and	2c should equal	100%.			0.540.554				
3a	Are there endowment funds not in th	e possession of t	the organiz	zation tha	at are held a	ind adr	ninistered for the	9		T
	organization by:							a m	Yes	No
	(i) Unrelated organizations		3 3 4					3a(i)		-
	(ii) Related organizations		* * * *					3a(ii)		_
b	If "Yes" on line 3a(ii), are the related of	rganizations liste	d as requi	red on So	chedule R?		100 M 100 M 100	3b		<u> </u>
4	Describe in Part XIII the intended use		ion's endo	wment fu	unds.					
Par	VI Land, Buildings, and Equip	oment.			D		D = - F = 000	David V	line !	10
	Complete if the organization									
	Description of property	(a) Cost or o			or other basis other)		Accumulated preciation	(d) Boo	k valu	е
1a	Land					A PET	Water States			
b	Buildings									
С	Leasehold improvements									
d	Equipment	©								
е	Other									
Total	. Add lines 1a through 1e. (Column (d) I	nust equal Form	990, Part 2	K, column	n (B), line 10	c.)	>			

Part VII	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	derivatives		
2) Closely h	neld equity interests		
(3) Other			
(A)	***************************************		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		
Part VIII	Investments—Program Related.		
Fair VIII	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8)	mn (b) must equal Form 990, Part X, col. (B) line 13.)		
(8)	mn (b) must equal Form 990, Part X, col. (B) line 13.) . Other Assets.		
(8) (9) Total. (Colu		m 990, Part IV, line	
(8) (9) Total. (Colu	Other Assets.	m 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
(8) (9) Total. (Colu Part IX	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, line	
(8) (9) Total. (Colu Part IX	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, line	
(8) (9) Total. (Colu Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, line	
(8) (9) Total. (Colu Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, line	
(8) (9) Total. (Colu Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, line	
(8) (9) Total. (Columnation of the columnation of t	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, line	
(8) (9) Total. (Columnation of the columnation of t	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, line	
(8) (9) Total. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, line	
(8) (9) Total. (Columnation of the columnation of t	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo		(b) Book value
(8) (9) Total. (Columnation of the columnation of	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foline 25.		(b) Book value
(8) (9) Total. (Columnation of the columnation of	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability		(b) Book value
(8) (9) Total. (Columnation of the columnation of	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability Income taxes		(b) Book value
(8) (9) Fotal. (Columnation (Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability income taxes OAN		(b) Book value ▶ e 11e or 11f. See Form 990, Part X, (b) Book value 23,895.
(8) (9) Fotal. (Columnation) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columnation) Part X 1. (1) Federal in (2) PPP L (3) IMPAC	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability income taxes OAN		(b) Book value ▶ e 11e or 11f. See Form 990, Part X, (b) Book value 23,895.
(8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability income taxes OAN		(b) Book value ▶ e 11e or 11f. See Form 990, Part X, (b) Book value 23,895.
(8) (9) Total. (Columnation (Co	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability income taxes OAN		(b) Book value ▶ e 11e or 11f. See Form 990, Part X, (b) Book value 23,895.
(8) (9) Total. (Columnation (Co	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability income taxes OAN		(b) Book value ▶ e 11e or 11f. See Form 990, Part X, (b) Book value 23,895.
(8) (9) Total. (Columbia) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbia) Part X 1. (1) Federal i (2) PPP L (3) IMPAC (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability income taxes OAN		(b) Book value ▶ e 11e or 11f. See Form 990, Part X, (b) Book value 23,895.
(8) (9) Total. (Columnation (Co	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability income taxes OAN		(b) Book value

Part	Reconciliation of Revenue per Audited Financial Statem	ents With Revenue pe	er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Lw I	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	- 00
	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1	Tales es es	. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	10	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	Name and Address of the Owner, when the Owner, which	40
	Add lines 4a and 4b		
5 Part		nents With Expenses	
RE-ILY	Complete if the organization answered "Yes" on Form 990,		F = 0.20000000000000000000000000000000000
1	Total expenses and losses per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		Control of the Contro
а	Donated services and use of facilities	2a	20 H
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	100
е	Add lines 2a through 2d	K > K X X > K 3	. 2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	. 5
Part	XIII Supplemental Information.	14 D-4 B/ P 4b	Ob. Dark V. Line A. Dark V. Line
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
د, ا all			

Schedule D (Form 990) 2020 Page				
Part XIII	Supplemental Information (continued)			

***********	***************************************			

		•••••		

	***************************************	************************		

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.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 84-4037072 FISHTOWN KENSINGTON AREA BUSINESS IMPROVEMENT DISTRICT Pt VI, Line 12c: ALL OFFICERS, DIRECTORS, AND TRUSTEES MUST SUBMIT ANNUAL CONFLICT OF INTEREST DISCLOSURE FORMS, WHICH ARE REVIEWED BY THE ORGANIZATION. Pt VI, Line 15a: THE INDEPENDENT BOARD CONDUCTS PERIODIC REVIEWS TO ENSURE ANY COMPENSATION PAID CONTINUES TO BE REASONABLE USING DATA FROM COMPARABLE ORGANIZATIONS. ALL DELIBERATIONS AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED. Pt VI, Line 15b: THE INDEPENDENT BOARD CONDUCTS PERIODIC REVIEWS OF COMPENSATION USING DATA FROM COMPARABLE ORGANIZATIONS TO ENSURE ALL COMPENSATION PAID CONTINUES TO BE REASONABLE. ALL DELIBERATIONS AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED. Pt VI, Line 11b: THE EXECUTIVE DIRECTOR REVIEWS THE 990 BEFORE PRESENTING IT TO THE BOARD FOR REVIEW. Pt VI, Line 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. Pt III, Line 4d: Expenses: \$248,455 including grants of: \$0 Revenue: \$14,315 Description: ECONOMIC DEVELOPMENT AND PUBLIC SAFETY, PERSONNEL AND ADMINISTRATION Pt IX, Line 24e: Description: APPLICATION FILING FEES Total: \$659 Program services: \$0 Management and general: \$659 Fundraising: \$0 Description: BAD DEBTS Total: \$89,397 Program services: \$89,397

Name of the organization	Employer identification number
FISHTOWN KENSINGTON AREA BUSINESS IMPROVEMENT DISTRICT	84-4037072
Management and general: \$0	
2-2-1-1	

Description: MEALS AND ENTERTAINMENT	
Total: \$167	***************************************
Program services: \$0	
Management and general: \$167	
Fundraising: \$0	

•••••	

***************************************	***************************************
