efile	e Pu	ublic Visu	al Render	ObjectId	: 202230629	9349300923 - 9	Submissio	on: 20	22-03	8-03	T)	IN: 27-0601596			
	<u></u>	20	Re	oturn of (Organiza	tion Exemp	t From	Inc	ome	Tax	(OMB No. 1545-0047			
Form	93	<i>J</i> U			•	-						2020			
83						of the Internal Re numbers on this fo					tions)	2020			
		f the Treasury			,	90 for instruction		,	•			Open to Public			
Internal	Rever	nue Service		00 10 <u>mmm.m</u>	<u>3.907/10/113.</u>		s and the	atesti				Inspection			
A F	or th	ne 2020 ca	alendar year,	or tax year b	eginning 07-0	1-2020 , and en	ding 06-3	0-2021							
B Che	ck if a	applicable:	C Name of organ America Need							D Employ	er identif	fication number			
		change hange								27-060	1596				
		-	Doing busines	s as											
_		rn/terminated								E Telephon	e number				
		ed return ion pending	Number and s 82 Nassau Str		if mail is not deli	vered to street addres	s) Room/su	ite							
	piicaci	ion penaing	City or town	state or province	country and ZIP	or foreign postal code				(646) 4	94-4981				
			New York, NY		, country, and ZIF	or foreign postar code				G Gross re	ceipts \$ 4	,135,761			
			F Name and	address of prir	ncipal officer:			H(a)	Is this	a group re	turn for				
			Marianna Tu 82 Nassau St	reet 60358					subor	dinates?		🗆 Yes 🗹 No			
			New York, NY					H(b)	Are al includ	l subordinat ed?	es	□ _{Yes} □No			
I Tax	k-exer	mpt status:	✓ 501(c)(3)	501(c) () ┥ (insert no.)	4947(a)(1) or	527				ist. (see	instructions)			
J W	ebsi	te: 🕨 www	w.americaneed	syou.org				H(c)	Group	exemption	number	•			
								I Mark		tion: 2009	Maria	of legal domicile: NY			
K Form	n of o	organization:	Corporation	n 🗌 Trust 🗌	Association	Other 🕨		L rear o	or forma	tion: 2009	M State	or legal domicile: NY			
Pa	art I	Sum	mary												
						ificant activities:									
e			eeds You (ANY ative mentorsh	nis by pi	roviding										
anc															
em															
Governance	2	2 Check this box ►													
×ð	3		-	-		art VI, line 1a)			• •		3				
les	4		-	-	-	hing body (Part VI,	-		•	•	4	21			
Activities						· 2020 (Part V, line		• •	•	•	5	37			
Act	6							• •	• •	•	6 7a	1,000			
	7a h				from Form 990	n (C), line 12 .	• • •	• •	• •		7a 7b	0			
	-	Het un en						<u> </u>	Pri	or Year	- 12	Current Year			
-	8	Contributi	ions and grants	s (Part VIII, line	e1h)					3,686,7	772	4,041,520			
Revenue												0			
eve	10	Investme	nt income (Par	t VIII, column (A), lines 3, 4, a	and 7d)				-7,9	984	16,008			
æ	11	Other rev	enue (Part VIII,	, column (A), li	nes 5, 6d, 8c, 9	e, 10c, and 11e)						0			
	12	Total reve	nue—add lines	8 8 through 11	(must equal Pa	rt VIII, column (A),	line 12)			3,678,7	788	4,057,528			
	13	Grants an	d similar amou	unts paid (Part	IX, column (A),	lines 1-3)				411,4	480	405,678			
	14					line 4)						0			
8	15	Salaries,	other compens	ation, employe	e benefits (Par	t IX, column (A), lir	es 5-10)			2,587,0	099	2,335,074			
Exp enses	16a	a Professio	nal fundraising	fees (Part IX,	column (A), line	e 11e)						12,500			
xb				-	(D), line 25) 🕨 42	-									
ш		-	-		ines 11a–11d, 1	-	•			876,6		477,146			
		-		-		column (A), line 25	-			3,875,2		3,230,398			
. 07	19	Revenue	ess expenses.	Subtract line 1	18 from line 12		• •			-196,4		827,130			
Net Assets or Fund Balances								Beg	inning	of Current Y	ear	End of Year			
sset	20	Total asse	ets (Part X, line	16)						2,949,3	327	3,296,468			
it A: vd B	21	Total liabi	lities (Part X, li	ne 26)						661,	140	97,964			
Pur	22	Net asset	s or fund balar	ices. Subtract l	line 21 from line	e 20				2,288,3	187	3,198,504			
		~ •	stura Black					D							

Part II Signature Block 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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

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	Signature of offic	cer			2022-03-03 Date	
Sign Here						
	Marianna Tu CEC Type or print nar					
Paid	Print/Type	preparer's name	Preparer's signature	Date	Check 🗌 if	PTIN P02024184
Preparer		ne 🕨 SCHALL & ASHEN	FARB CPAS LLC	I	self-employed Firm's EIN ► 1	.3-4036703
Jse Only	Firm's addr	ress Þ 307 FIFTH AVE 15	TH FL		Phone no. (212	2) 268-2800
		NEW YORK, NY 1	0016			
,			shown above? (see instructions) separate instructions.			. Yes No
		Act Houce, see the	separate instructions.	Cat. N	lo. 11282Y	Form 990 (202
			——————————————————————————————————————			
orm 990 (20	,					Page
Part III		-	ce Accomplishments			\cap
1 Briefly		ganization's mission:	onse or note to any line in this P	art III		U
		ghts for economic mot reer development.	pility for ambitious, first-generati	on college students. W	e do this by p	roviding transformative
lentorship a		reer development.				
	-		ant program services during the	year which were not lis	ted on	
		990-EZ? e new services on Sch				🗌 Yes 🗹 No
			nake significant changes in how i	t conducts, any program	n	
service	s?					. 🗌 Yes 🗹 No
	" describe thes	e changes on Schedul	le 0.			
Section	n 501(c)(3) and		e accomplishments for each of its ons are required to report the an ce reported.			
networł andCali one-on- In addit complet	s,preparation to s fornia through our one mentorship a ion to training and a ANY programs a	secure and succeed in car community-based and so nd holistic support, over d mentorship, students m achieve extraordinary out	2,349,402 including grants of low-income, first-generation colleges eer-track internships and motivation t chool-based programs.Through an int 600 first-generation collegestudents (I ay also receiveprofessional developme comes. Consistently, year over year, A t or eproli in full-time graduate proors	tudents with exposure to a ocomplete college. We curr ensive workshop series spa Fellows) learn key skills ner ent grants and in-kind supp	ently operate in nning two years cessary to succe port, including p	New York, New Jersey, Illinois , pairing in-person trainingwith
			to of enroll in full time graduate progra	ams at rates significantly hi		rofessional attire.Students who ernships, graduate from bachelors
4b (Code:) (Expenses \$	including grants of	ams at rates significantly hi		rofessional attire.Students who ernships, graduate from bachelors
b (Code:) (Expenses \$		ams at rates significantly hi	gher than their	rofessional attire.Students who ernships, graduate from bachelors peers.
1b (Code:) (Expenses \$		ams at rates significantly hi	gher than their	ofessional attire.Students who ernships, graduate from bachelors peers.
4b (Code:) (Expenses \$		ams at rates significantly hi	gher than their	ofessional attire.Students who ernships, graduate from bachelors peers.
4b (Code:) (Expenses \$		ams at rates significantly hi	gher than their	ofessional attire.Students who ernships, graduate from bachelors peers.
4b (Code:) (Expenses \$		ams at rates significantly hi	gher than their	ofessional attire.Students who ernships, graduate from bachelors peers.
4b (Code:) (Expenses \$		ams at rates significantly hi	gher than their	ofessional attire.Students who ernships, graduate from bachelors peers.
4b (Code:) (Expenses \$		ams at rates significantly hi	gher than their	ofessional attire.Students who ernships, graduate from bachelors peers.
) (Expenses \$		ams at rates significantly hi	gher than their	rofessional attire.Students who ernships, graduate from bachelors peers.
			including grants o	ams at rates significantly hi	igher than their) (Revenue \$	rofessional attire.Students who ernships, graduate from bachelors peers.)
			including grants o	ams at rates significantly hi	igher than their) (Revenue \$	rofessional attire.Students who ernships, graduate from bachelors peers.)
			including grants o	ams at rates significantly hi	igher than their) (Revenue \$	rofessional attire.Students who ernships, graduate from bachelors peers.)
			including grants o	ams at rates significantly hi	igher than their) (Revenue \$	rofessional attire.Students who ernships, graduate from bachelors peers.)
			including grants o	ams at rates significantly hi	igher than their) (Revenue \$	rofessional attire.Students who ernships, graduate from bachelors peers.)

4d	Other program services (Describe in Section 2015)	chedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses 🕨	2,349,402		
				Form 990 (2020)

—— Page 3 —

Pa	t IV Checklist of Required Schedules			Page 3
гd			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A 50 .	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🗐	2	Yes	
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		No
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		No
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		No
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? <i>If "Yes," complete Schedule D</i> ,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
9	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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V \mathfrak{B}	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i> 🕲	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	in Part X, line 16? If "Yes," complete Schedule D, Part IX 🧐	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🗐	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts II and IV	15		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
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		No
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	Yes	
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		No

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20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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	No
			 A (2020)

Form 990 (2020)

	Page 4			
Form	990 (2020)			Page 4
Pai	Checklist of Required Schedules (continued)			. ugo .
			Yes	No
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	Yes	
23	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	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 through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\ .$	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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		No
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		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	35b		
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	36		No
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	37		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	\Box
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	0 (2)
		I	Form 99	0 (2)
	Page 5			
m	990 (2020)			Pac
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 37	,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b		
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		N
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 5c		
	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		٩
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a	Yes	
)	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		ſ
I	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
2	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		Ν
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Γ
I	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ſ
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	- 5		
	1098-C?	7h		٢
	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		
	Sponsoring organizations maintaining donor advised funds.	<u> </u>		-
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
,	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-
	Section 501(c)(7) organizations. Enter:	-		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
,	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter:	1		
1	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)]		
3	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
)	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			

a Is the organization licensed to issue qualified health plans in more than one state? https://projects.propublica.org/nonprofits/organizations/270601596/202230629349300923/full

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	Note. See the instructions for additional information the organization must report on S	chedule	e O.	тэа	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax ye	ar? .		14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation	on in So	chedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000 parachute payment(s) during the year?			15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on If "Yes," complete Form 4720, Schedule O.	net inve	estment income?	16	No

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	Page 6			
Form	990 (2020)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
6.	Check if Schedule O contains a response or note to any line in this Part VI	<u>· ·</u>	• •	
Se	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21		res	NO
	If 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$.	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	\neg		
16a	Did the organization invest in. contribute assets to. or participate in a joint venture or similar arrangement with a			
	projects.propublica.org/nonprofits/organizations/270601596/202230629349300923/full			

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h	taxable entity during the year?	16a	No
2	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	
Se	action C. Disclosure		

17	List the states with which a copy of this Form 990 is required to be filed NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	🗹 Own website 🛛 Another's website 🗹 Upon request 🗍 Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 records: Adrienne Boykin 82 Nassau Street 60358 New York, NY 10038 (646) 494-4981
	Form 990 (2020)
	Page 7
Form	990 (2020) Page 7
Pa	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 \ldots \ldots \ldots \ldots \ldots \ldots \ldots \Box
Se	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a C	omplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax
	List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount mpensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
•	ist all of the organization's current key employees, if any. See instructions for definition of "key employee."
•	ist the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employe 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 yee) organization and any related organizations.

• List all of the organization's former officers, key employees, or 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.

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

(A) Name and title	(B) Average hours per week (list any hours	tha pers	an òn on is	e bo botł	(C) not check more box, unless oth an officer ctor/trustee)			(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	ipensa ee		Former Highest compensated employee		2/1099-MISC)	(W-2/1099- MISC)	organization and related organizations
(1) Marianna Tu CEO	40.00			х				197,414	0	8,058
(2) Anna Verdiyan	0.00 40.00							154,319	0	120
COO (3) Emily Daniels Ashton	0.00 40.00							138,769	0	7,254
CEAO	0.00							156,709	0	7,234
(4) Jerome Joseph NY Executive Dir.	40.00							114,429	0	8,058
(5) Monica Anzaldi Ward NJ Executive Dir.	40.00							110,778	0	8,293
(6) Syble Satori Bailey IL Executive Dir.	40.00							115,145	0	801
(7) Adrienne Boykin	40.00			x				107,131	0	7,014

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CFO	0.00			1	I				
(8) Robert Reffkin	2.00								
Founder	0.00	х	×				C	0	
(9) Jamie Sholem	2.00								
Chair	0.00	х	×				C	0	
(10) Devin Thomas	2.00								
Vice Chair	0.00	х	×				C	0	
(11) Juan Uribe	2.00								
Vice Chair	0.00	х	×				C	0	
(12) Sebnem Giorgio	2.00								
Treasurer	0.00	х	×				C	0	
(13) Carla Ruiz	2.00								
Secretary	0.00	х	×				C	0	
(14) Martha St Jean	2.00								
Director	0.00	х					С	0	
(15) David Kirshenbaum	2.00								
Director	0.00	х					С	0	
(16) Cindy Brea	2.00							_	
Director	0.00	Х					C	0	
(17) Linsey Davis	2.00	v		T					
Director	0.00	х					C	0	

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Page **8**

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours		one bo	ox,ι n of	t ch unle: ficer	ss pers r and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099- MISC)	organization and related organizations
(18) Shahed Larson	2.00									
Director	0.00	x						U	0	0
(19) Eric Aronson	2.00	v								
Director	0.00	x						0	U	0
(20) David Zussman	2.00	v								
Director	0.00	x						U	0	0
(21) Dina Aronson	2.00							_		
Director	0.00	x						0	0	0
(22) Yusef Kassim	2.00				l					
Director	0.00	X						0	0	0
(23) Sekou Kaalund	2.00									
Director	0.00	x						0	0	0
(24) Alex Sloane	2.00									
Director	0.00	x						0	0	0
(25) Dan Smith	2.00									
Director	0.00	x						0	0	0

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(26) Steve Smith	2.00	x						0		0		0
Director	0.00											-
(27) Aditya Sanghvi	2.00	х						0		0		0
Director (28) Albert Satija	0.00							_				
		х						0		0		0
Director (29) Paul White	0.00									-		
		х						0		0		0
Director	0.00											
				Ļ								
1b Sub-Total												
d Total (add lines 1b and 1c)							937,985				3	9,598
2 Total number of individuals (including b of reportable compensation from the or		hose l	isted ab	ove) wł	ho rec	eived mo	re than \$1	00,000				
	~									Ye	5 r	No
3 Did the organization list any former off line 1a? <i>If "Yes," complete Schedule J f</i>							mpensated	employee on			Ι.	
							cation from			3		Vo
4 For any individual listed on line 1a, is the organization and related organizations								n the				
individual		•	• •	• •	•				. 4	4 Yes	;	
5 Did any person listed on line 1a receive	or accrue compe	nsatio	n from a	any unre	elated	l organiza	ition or ind	ividual for				
services rendered to the organization?	f "Yes," complete	Sched	ule J foi	r such p	person					5	r	No
Section B. Independent Contractor	rs								E.		•	
1 Complete this table for your five highes									f compe	ensation		
from the organization. Report compens	(A)	idar ye	ear endi	ng with	OFWI	thin the c	organizatio	(B)			(C)	
Name and	d business address						Desc	ription of servio	ces	Com	pensati	ion
2 Total number of independent contractors	(including but not	limite	d to tho	se liste	d abo	ve) who i	received m	ore than \$10	0,000,0	f		
 2 Total number of independent contractors compensation from the organization ► 0 	(including but not	limite	d to tho	se liste	d abo	ve) who r	received m	ore than \$10	0,000 o			
	(including but not	limite	d to tho	se liste	d abo	ve) who r	received m	ore than \$10	0,000 o	f Form	990 (2	2020)
	(including but not	limite			d abo	ve) who r	eceived m	ore than \$10	0,000 o		990 (2	2020)
	(including but not	limite	d to tho Page		d abo	ve) who r	received m	ore than \$10	0,000 o		990 (2	2020)
	(including but not	limite			d abo	ve) who r	received m	ore than \$100	D,000 o			
compensation from the organization > 0	(including but not	limite			d abo	ve) who r	received m	ore than \$10	D,000 o			
compensation from the organization ► 0 Form 990 (2020)			Page	9 —					0,000 o	Form	Pa . (
compensation from the organization ► 0 Form 990 (2020) Part VIII Statement of Revenue			Page y line in	9 this Pa	art VIII	(B)	 (C)		Form	Pa . ((D)	
compensation from the organization ► 0 Form 990 (2020) Part VIII Statement of Revenue			Page y line in	9 —	art VIII	, , (Rela exe	 B) ted or empt	 (C) Unrelate busines	• •	Form	Pa . ((D) venue ded fro	age 9
compensation from the organization ► 0 Form 990 (2020) Part VIII Statement of Revenue			Page y line in	9 this Pa	art VIII	, , (Rela exe fun	 B) ted or empt ction	 (C) Unrelate	• •	Form Form	Pa . ((D) venue ded fro er seci	age 9
compensation from the organization ► 0 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a			Page y line in	9 this Pa	art VIII	, , (Rela exe fun	 B) ted or empt	 (C) Unrelate busines	• •	Form Form	Pa . ((D) venue ded fro	age 9
compensation from the organization ► 0 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a			Page y line in	9 this Pa	art VIII	, , (Rela exe fun	 B) ted or empt ction	 (C) Unrelate busines	• •	Form Form	Pa . ((D) venue ded fro er seci	age 9
compensation from the organization ► 0 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a			Page y line in	9 this Pa	art VIII	, , (Rela exe fun	 B) ted or empt ction	 (C) Unrelate busines	• •	Form Form	Pa . ((D) venue ded fro er seci	age 9
compensation from the organization ► 0 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a . <td< td=""><td></td><td></td><td>Page y line in</td><td>9 this Pa</td><td>art VIII</td><td>, , (Rela exe fun</td><td> B) ted or empt ction</td><td> (C) Unrelate busines</td><td>• •</td><td>Form Form</td><td>Pa . ((D) venue ded fro er seci</td><td>age 9</td></td<>			Page y line in	9 this Pa	art VIII	, , (Rela exe fun	 B) ted or empt ction	 (C) Unrelate busines	• •	Form Form	Pa . ((D) venue ded fro er seci	age 9
compensation from the organization ► 0 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a derated campaigns iderated campaigns 1a ambership dues			Page y line in	9 this Pa	art VIII	, , (Rela exe fun	 B) ted or empt ction	 (C) Unrelate busines	• •	Form Form	Pa . ((D) venue ded fro er seci	age 9
compensation from the organization ► 0 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a . <td< td=""><td></td><td></td><td>Page y line in</td><td>9 this Pa</td><td>art VIII</td><td>, , (Rela exe fun</td><td> B) ted or empt ction</td><td> (C) Unrelate busines</td><td>• •</td><td>Form Form</td><td>Pa . ((D) venue ded fro er seci</td><td>age 9</td></td<>			Page y line in	9 this Pa	art VIII	, , (Rela exe fun	 B) ted or empt ction	 (C) Unrelate busines	• •	Form Form	Pa . ((D) venue ded fro er seci	age 9
compensation from the organization ► 0 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a . <td< td=""><td></td><td></td><td>Page y line in</td><td>9 this Pa</td><td>art VIII</td><td>, , (Rela exe fun</td><td> B) ted or empt ction</td><td> (C) Unrelate busines</td><td>• •</td><td>Form Form</td><td>Pa . ((D) venue ded fro er seci</td><td>age 9</td></td<>			Page y line in	9 this Pa	art VIII	, , (Rela exe fun	 B) ted or empt ction	 (C) Unrelate busines	• •	Form Form	Pa . ((D) venue ded fro er seci	age 9
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compensation from the organization ► 0 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a iderated campaigns . iderated campaigns . imbership dues . indraising events . iderated campaigns .			Page y line in	9 this Pa	art VIII	, , (Rela exe fun	 B) ted or empt ction	 (C) Unrelate busines	• •	Form Form	Pa . ((D) venue ded fro er seci	age 9
compensation from the organization ► 0 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a iderated campaigns . iderated campaigns . imbership dues . indraising events . iderated campaigns .			Page y line in	9 this Pa	art VIII	, , (Rela exe fun	 B) ted or empt ction	 (C) Unrelate busines	• •	Form Form	Pa . ((D) venue ded fro er seci	age 9
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compensation from the organization ► 0 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a . <td< td=""><td></td><td></td><td>Page y line in</td><td>9 this Pa</td><td>art VIII</td><td>, , (Rela exe fun</td><td> B) ted or empt ction</td><td> (C) Unrelate busines</td><td>• •</td><td>Form Form</td><td>Pa . ((D) venue ded fro er seci</td><td>age 9</td></td<>			Page y line in	9 this Pa	art VIII	, , (Rela exe fun	 B) ted or empt ction	 (C) Unrelate busines	• •	Form Form	Pa . ((D) venue ded fro er seci	age 9
compensation from the organization ▶ 0 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a derated campaigns 1a ambership dues 1b ambership dues 1c 990,139 1d stated organizations 1d yvernment grants (contributions) 1e 597,734 597,734 and similar amounts not included above 1f 2,453,647 9 Noncash contributions included in 16			Page y line in	9 this Pa	art VIII	, , (Rela exe fun	 B) ted or empt ction	 (C) Unrelate busines	• •	Form Form	Pa . ((D) venue ded fro er seci	age 9

h To	otal. Add lines 1a-1f	•		4,041,520				
				Business Code				
2a	1							
đ								
Revenue								
e e)							
å								
Service	:							
N.								
ŏ	1							
am								
Program	3							
ă								
f	f All other program	servi	ce revenue.					
g	J Total. Add lines 2	2a-2f		0				
_	Investment income			storact and other				
	similar amounts)				16,008			16,008
4	Income from invest	ment	t of tax-exempt bo	nd proceeds	0			
	Royalties			•	0			
ľ		<u> </u>		1				
		I,	(i) Real	(ii) Personal				
6	a Gross rents	6a						
	Less: rental							
	expenses	6b						
	Rental income							
	or (loss)	6c						
	d Net rental income	e or (loss)	· · · •	0			
			(i) Securities	(ii) Other				
_	- Current	۱ _۱	(1) 000011000	() o circi				
78	a Gross amount from sales of	7a						
	assets other							
	than inventory							
b	Less: cost or other basis and	7b						
	sales expenses							
		_						
С	Gain or (loss)	7c						
•	d Net gain or (loss)	•		.	0			
10.	Gross income from fu		-					
ž	(not including \$		990,139 of					
ē	contributions reporte See Part IV, line 18	•		78,233				
Reven			0a					
ملك ا	b Less: direct expen			78,233				
he	c Net income or (los	ss) fro	om fundraising eve	ents 🕨	0			
Other								
٣"	Gross income from	gamiı	ng activities.					
	See Part IV, line 19		9a					
	b Less: direct expen	ises	9b					
•	c Net income or (los	s) fro	om gaming activiti	es 🕨	0			
10	aGross sales of inve	entor	y, less					
	returns and allowa	ances	· · 10a					
1	b Less: cost of good	s solo	d 10b					
	c Net income or (los	c) fro	m sales of invent	prv 🕨	0			
1-	Miscellane			Business Code		ц	ц	1
11	1a							
	b							
'	c							
	d All other revenue							1
1								

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e Total. Add lines 11a−11d	C		
12 Total revenue. See instructions	4,057,528		16,008

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizatio	ns must complete colu	ımn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	405,678	405,678		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	310,026	172,649	71,973	65,404
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,715,873	1,316,457	150,395	249,021
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	136,570	103,968	11,079	21,523
10 Payroll taxes	172,605	127,157	17,636	27,812
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	12,500			12,500
f Investment management fees	4,151		4,151	
 g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 	138,708		138,708	
12 Advertising and promotion	0			
13 Office expenses	45,935	29,583	10,449	5,903
14 Information technology	71,629	57,723	5,396	8,510
15 Royalties	0			
16 Occupancy	102,715	75,669	10,495	16,551
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	32,421	23,884	3,313	5,224
23 Insurance	9,214	6,788	941	1,485
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Equipment and service contract	40,513	29,846	4,139	6,528
b Bank fees	22,715		22,715	
c Fundraising Expenses	9,145			9,145

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d				
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	3,230,398	2,349,402	451,390	429,606
 26 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). 				

Form 990 (2020)

Page 11 -Form 990 (2020) Page 11 **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part IX $% \left({{\mathbf{F}}_{\mathbf{x}}} \right)$. (A) (B) Beginning of year End of year 1,043,284 1 398,473 1 Cash-non-interest-bearing . 752,424 2 Savings and temporary cash investments 2 1.198.724 3 1.021.732 3 Pledges and grants receivable, net . 4 0 4 Accounts receivable, net . 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 0 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . 0 6 7 0 7 Notes and loans receivable, net . . . Assets 8 0 8 Inventories for sale or use . . 105,262 9 190,234 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other 10a 10a 196.582 basis. Complete Part VI of Schedule D Less: accumulated depreciation 136.698 b 10b 81,724 10c 59,884 492,463 873,721 Investments—publicly traded securities . 11 11 0 12 Investments-other securities. See Part IV, line 11 . 12 13 0 13 Investments—program-related. See Part IV, line 11 0 14 14 Intangible assets 27,870 0 Other assets. See Part IV, line 11 . 15 15 2 949 327 3 296 468 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 95,863 67,238 17 Accounts payable and accrued expenses . 17 18 Grants payable . 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities . . 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities 22 Loans and other 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 . . 22 23 23 Secured mortgages and notes payable to unrelated third parties . 24 Unsecured notes and loans payable to unrelated third parties 403.104 24 Other liabilities (including federal income tax, payables to related third parties, 162,173 25 30,726 25 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 661,140 97,964 26 Total liabilities. Add lines 17 through 25 . 26 Fund Balances Organizations that follow FASB ASC 958, check here 🕨 🗹 and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 1.609.903 27 2.668.004 678.284 28 530.500 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. 5 29 29 Capital stock or trust principal, or current funds 30

Assets 30 Paid-in or capital surplus, or land, building or equipment fund

31 Retained earnings, endowment, accumulated income, or other funds

32 Total net assets or fund balances

https://projects.propublica.org/nonprofits/organizations/270601596/202230629349300923/full

31

32

2,288,187

	33 Total liabilities and net assets/fund balances 2,949,327	33		3	,296,468
			F	orm 99	0 (2020
	Page 12				
	200 (2000)				
	n 990 (2020) art XI Reconcilliation of Net Assets				Page 1
Pa					
	Check if Schedule O contains a response or note to any line in this Part XI	֠			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4	,057,52
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	,230,39
3	Revenue less expenses. Subtract line 2 from line 1	3			827,13
1	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) $\ .$	4		2	,288,18
5	Net unrealized gains (losses) on investments	5			70,81
5	Donated services and use of facilities	6			
,	Investment expenses	7			
;	Prior period adjustments	8			
)	Other changes in net assets or fund balances (explain in Schedule O)	9			12,37
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		3	,198,50
Pa	art XII Financial Statements and Reporting				_
_	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	5				
	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?				Na
2a			2a		No
2a	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both:	on a	2a		INO
2a	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o	on a	2a		NO
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a		Yoc	NO
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2a 2b	Yes	NO
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			Yes	NO
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis			Yes	NO
ь	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:			Yes	NO
ь	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis If 'Yes,' the basis Consolidated basis Both consolidated and separate basis If 'Yes,'' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	basis,	2b		
b	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	basis, dule O.	2b 2c		
b c 3a	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis If 'Yes,' the basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Scheder As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	basis, dule O. ngle	2b		No

Form 990 (2020) Additional Data

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		OULE A or 990EZ)	Cor		Charity Statu rganization is a sect	tion 501(c)(3)	organization o		2020
		he Treasury le Service	•	Go to <u>www.irs</u>	4947(a)(1) nonexe ▲ Attach to Form <u>5.gov/Form990</u> for i	990 or Form 99	0-ЕZ.	ormation.	Open to Public Inspection
	ie of ti ica Need	he organiza	ation					Employer identifi	
								27-0601596	
	o rt I Drganiz				us (All organization e it is: (For lines 1 thro			See instructions.	
1		A church, o	convention of	churches, or a	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school de	escribed in s e	ection 170(b)((1)(A)(ii). (Attach Scl	hedule E (Form 9	90 or 990-EZ).)		
3		A hospital	or a cooperat	ive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4			research orga , and state:	anization operat	ed in conjunction with	a hospital descr	ibed in section	170(b)(1)(A)(iii).	Enter the hospital's
5				ed for the benef omplete Part II.	it of a college or unive)	rsity owned or op	perated by a gov	ernmental unit descr	ibed in section
6					r governmental unit de				
7				rmally receives (vi). (Complete	a substantial part of it e Part II.)	s support from a	governmental u	init or from the gene	ral public described in
8		A commun	ity trust desc	ribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					escribed in 170(b)(1) See instructions. Enter				lege or university or a
10		An organiz from activi investment	ation that no ities related t t income and	rmally receives o its exempt fur unrelated busir	: (1) more than 331/3% nctions—subject to cer	6 of its support fitain exceptions,	rom contribution and (2) no more	s, membership fees, than 331/3% of its s	
11		An organiz	ation organiz	ed and operate	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more publi	icly supported	d organizations	d exclusively for the be described in section 5 the type of supportine	509(a)(1) or se	ction 509(a)(2). See section 509(
а		Type I. A organizatio	supporting or on(s) the pow	rganization opei	rated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	A supporting of the sup	organization sup	pervised or controlled i ation vested in the sar				
с		Type III f	functionally	integrated. A	supporting organizatio ions). You must com				ated with, its
d		functionall	y integrated.	The organization	d. A supporting organ on generally must satis rt IV, Sections A and	fy a distribution	requirement and		nization(s) that is not quirement (see
e		integrated,	, or Type III r	non-functionally	ved a written determin integrated supporting	organization.			I functionally
f g					upported organization(· · · · · · · · - <u>-</u>	
		Vame of sup organizatio	ported	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
					<u>_</u>				
Tota	ıl								
		work Reduc or 990-EZ.	ction Act No	tice, see the I	nstructions for	Cat. No. 1128	ōF	Schedule A (Form §	990 or 990-EZ) 2020
					Pa	ge 2			
Sche	dule A	(Form 990 o	or 990-EZ) 20)20					Page 2
Pa	rt II	(Compl	ete only if y	ou checked t	zations Described he box on line 5, 7, lify under the tests	or 8 of Part I of	or if the organ	ization failed to qu	
		n A. Public							
	projec		a.org/nonprof	its/organizations	I s/270601596/20223062	29349300923/full			

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	r fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	3,014,825	3,721,182	3,425,124	3,686,772	4,041,520	17,889,423
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3 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)	3,014,825	3,721,182	3,425,124	3,686,772	4,041,520	17,889,423 1,914,064
6	Public support. Subtract line 5 from line 4.						15,975,359
	Section B. Total Support		•		•	-	
	lendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
(0	r fiscal year beginning in) Amounts from line 4.	3,014,825	3,721,182	3,425,124	3,686,772	4,041,520	17,889,423
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	19,795					
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0
11	Total support. Add lines 7 through 10						17,991,338
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for t	the organization's	first, second, thirc	l, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) orgar	ization, check
	this box and stop here					► 🗆	
5	Section C. Computation of Publi	c Support Perc	centage				
14	Public support percentage for 2020 (li	ne 6, column (f) d	ivided by line 11,	column (f))		14	88.790 %
15	Public support percentage for 2019 So					15	85.800 %
16	33 1/3% support test—2020. If the						
-	and stop here. The organization qual 33 1/3% support test—2019. If th box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	e organization did n qualifies as a put t—2020. If the or on meets the "facts	not check a box o blicly supported or ganization did not s-and-circumstanc	n line 13 or 16a, a ganization check a box on lir es" test, check thi	and line 15 is 33 1 	 /3% or more, chec 	k this
ł	15 is 10% or more, and if the organi Explain in Part VI how the organization	st—2019. If the o zation meets the " on meets the "fact	rganization did no facts-and-circums s-and-circumstand	t check a box on l tances" test, chec ces" test. The orga	ine 13, 16a, 16b, k this box and sto mization qualifies	or 17a, and line p here. as a publicly	
18	supported organization Private foundation. If the organization	ion did not check a	a box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this bo	x and see	
	instructions	<u></u>	<u></u> .	<u></u>	Schedu	le A (Form 990 o	or 990-EZ) 2020
			Page 3				
			-				
Sch	edule A (Form 990 or 990-EZ) 2020						Page 3

Ρ	art III Support Schedule fo (Complete only if you on the organization fails to	checked the b	oox on line 10 of	f Part I or if the	organization fa		nder Part II. If
Se	ection A. Public Support						
	endar year 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						

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					1				
4	Tax revenues levied for the organization's benefit and either paid								
5	to or expended on its behalf The value of services or facilities furnished by a governmental unit to								
c	the organization without charge Total. Add lines 1 through 5								
6 7a	Amounts included on lines 1, 2, and								
7 a	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.						-		
с 8	Add lines 7a and 7b Public support. (Subtract line 7c								
	from line 6.)								
Se	ction B. Total Support								
	ndar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f)	Total	
(or 1 9	fiscal year beginning in) Amounts from line 6		. ,	. ,		. ,	. ,		
10a	Gross income from interest,								
100	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
5	(less section 511 taxes) from								
	businesses acquired after June 30,								
с	1975. Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is regularly carried on.								
12									
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
13	11. and 12.).								
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thire	d, fourth, or fifth t	tax year as a secti	on 501(c)(3) org	anizat	ion,	
	check this box and stop here							. ►(
Se	ction C. Computation of Public	Support Perce	ntage						
15	Public support percentage for 2020 (lir					15			
16	Public support percentage from 2019 S	Schedule A, Part II	II, line 15			16			
Se	ction D. Computation of Invest	ment Income	Percentage						
	Investment income percentage for 20	ment Income 20 (line 10c, colur	Percentage mn (f) divided by			17			
Se 17 18	Investment income percentage for 20 Investment income percentage from 2	ment Income 20 (line 10c, colur 019 Schedule A,	Percentage mn (f) divided by Part III, line 17 .			18			
Se 17 18 19a	Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the	ment Income 20 (line 10c, colur 019 Schedule A, organization did n	Percentage mn (f) divided by Part III, line 17 . ot check the box	on line 14, and lin	 ne 15 is more than	18 33 1/3%, and lin		_	
Se 17 18 19a	Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and s	ment Income 20 (line 10c, colur 019 Schedule A, organization did no stop here. The or	Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualifi	on line 14, and lir es as a publicly su	 ne 15 is more than upported organizat	18 33 1/3%, and lin	. ►		
Se 17 18 19a	Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the on nore than 33 1/3%, check this box and a 33 1/3% support tests—2019. If the	ment Income 20 (line 10c, colur 019 Schedule A, organization did no stop here. The or e organization did	Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualifi- not check a box o	on line 14, and lir es as a publicly su on line 14 or line 1	ie 15 is more than upported organizat 19a, and line 16 is	18 33 1/3%, and lin ion more than 33 1/	. ► 3% an	d line :	18 is
Se 17 18 19a r b	Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and s 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box	ment Income 20 (line 10c, colur 019 Schedule A, organization did no stop here. The or e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualifi not check a box of The organization of	on line 14, and lir es as a publicly su on line 14 or line 3 qualifies as a publ	15 is more than upported organizat 19a, and line 16 is icly supported organizat	18 33 1/3%, and lin ion more than 33 1/ anization	.► 3% an .►	d line :	18 is
Se 17 18 19a	Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the on nore than 33 1/3%, check this box and a 33 1/3% support tests—2019. If the	ment Income 20 (line 10c, colur 019 Schedule A, organization did no stop here. The or e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualifi not check a box of The organization of	on line 14, and lir es as a publicly su on line 14 or line 3 qualifies as a publ	15 is more than upported organizat 19a, and line 16 is icly supported organization this box and see	18 33 1/3%, and lin ion more than 33 1/ anization instructions	. ► 3% an . ► (□ d line : 〕 ▶ □	
Se 17 18 19a r b	Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and s 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box	ment Income 20 (line 10c, colur 019 Schedule A, organization did no stop here. The or e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualifi not check a box of The organization of	on line 14, and lir es as a publicly su on line 14 or line 3 qualifies as a publ	15 is more than upported organizat 19a, and line 16 is icly supported organization this box and see	18 33 1/3%, and lin ion more than 33 1/ anization	. ► 3% an . ► (□ d line : 〕 ▶ □	
Se 17 18 19a r b	Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and s 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box	ment Income 20 (line 10c, colur 019 Schedule A, organization did no stop here. The or e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualifi not check a box of The organization of	on line 14, and lir es as a publicly su on line 14 or line 3 qualifies as a publ	15 is more than upported organizat 19a, and line 16 is icly supported organization this box and see	18 33 1/3%, and lin ion more than 33 1/ anization instructions	. ► 3% an . ► (□ d line : 〕 ▶ □	
Se 17 18 19a r b	Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and s 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box	ment Income 20 (line 10c, colur 019 Schedule A, organization did no stop here. The or e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualifi not check a box of The organization of	on line 14, and lir es as a publicly su on line 14 or line 3 qualifies as a publ	15 is more than upported organizat 19a, and line 16 is icly supported organization this box and see	18 33 1/3%, and lin ion more than 33 1/ anization instructions	. ► 3% an . ► (□ d line : 〕 ▶ □	
Se 17 18 19a r b	Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and s 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box	ment Income 20 (line 10c, colur 019 Schedule A, organization did no stop here. The or e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualifie not check a box of The organization of a box on line 14, 1	on line 14, and lir es as a publicly su on line 14 or line qualifies as a publ	15 is more than upported organizat 19a, and line 16 is icly supported organization this box and see	18 33 1/3%, and lin ion more than 33 1/ anization instructions	. ► 3% an . ► (□ d line : 〕 ▶ □	
Se 17 18 19a b 20	Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and s 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box	ment Income 20 (line 10c, colur 019 Schedule A, organization did no stop here. The or e organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualifie not check a box of The organization of a box on line 14, 1	on line 14, and lir es as a publicly su on line 14 or line qualifies as a publ	15 is more than upported organizat 19a, and line 16 is icly supported organization this box and see	18 33 1/3%, and lin ion more than 33 1/ anization instructions	. ► 3% an . ► (□ d line : □ ► □ 0-EZ)	2020
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determination.

3b

- c 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.
- **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.
- **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.
- **c** 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 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).
- 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.
- **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**.
- c 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**.
- 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.
 - 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).

Schedule A (Form 990 or 990-EZ) 2020

Зc

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

10a

Page	5
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Schedule A (Form 990 or 990-EZ) 2020

Part IV

organization.

Supporting Organizations (continued)

Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the			
governing body of a supported organization?	governing body of a supported organization?	11a		
b	A family member of a person described in 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11c		
Social P. Tuno I. Supporting Organizations				

3	ection b. Type I Supporting Organizations	
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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
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	2

Section C. Type II Supporting Organizations

Yes

No

1

1	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	

Section D. All Type III Supporting Organizations

- Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's 1 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?
- Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 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).
- By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant 3 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.

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below. \square
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions) \square

Activities Test. Answer lines 2a and 2b below. 2

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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. 2a
- b 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
 - a 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.
 - **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.

Schedule A (Form 990 or 990-EZ) 2020

2b

3a

3b

Yes

1

2

3

No

No

Yes

Page 6

Schec	lule A (Form 990 or 990-EZ) 2020			Page 6	
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1			
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
ام	Tetel (add lines to the and to)	14			

https://projects.propublica.org/nonprofits/organizations/270601596/202230629349300923/full

U	I I ULAI (AUU IIIICS IA, ID, AIIU IC)	1 10	1	
e	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		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functionally-	integrat	ed Type III supporting organ	ization (see

instructions)

Schedule A (Form 990 or 990-EZ) 2020

Page 7

Schedule A (Form 990 or 990-EZ) 2020

Page 7

Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (cor	iunueu)
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		1	
2 Amounts paid to perform activity that directly furthers e excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)		5	
6 Other distributions (<i>describe in Part VI</i>). See instructio	ns		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respon	sive (<i>provide</i>	8	
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017 				
d From 2018				
e From 2019				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2020 distributable amount				L
 Carryover from 2015 not applied (see instructions) 				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2020 from Section D, line 7:				
\$				

a Applied to underdistributions of prior years		
b Applied to 2020 distributable amount		
c 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. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2021. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2016		
b Excess from 2017		
c Excess from 2018		
d Excess from 2019		
e Excess from 2020		
	Schedule A (F	orm 990 or 990-EZ) (2020)

Page 8 –

Schedule A (Form 990 or 990-EZ) 2020

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

Facts And Circumstances Test

Explanation

Return Reference

Schedule A (Form 990 or 990-EZ) 2020

Additional Data

Return to Form

Page 8

efile Public Visual Ren	der Objectld: 202230629349300923 - Submission: 2022-03-03		TIN: 27-0601596
Schedule B Schedule of Contributors		OMB No. 1545-0047	
or 990-PF)	Attach to Form 990, 990-EZ, or 990-PF.		2020
Department of the Treasury Internal Revenue Service	Go to <u>www.irs.gov/Form990</u> for the latest information.		2020
Name of the organization America Needs You		Employer id	entification number
		27-0601596	
Organization type (che	eck one):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ation	
	□ 527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation	I	
	\Box 501(c)(3) taxable private foundation		

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Cat. No. 30613X	Schedule B (Form 990, 990-EZ, or 990-PF) (2020)
	Page 2	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 2

Employer identification number

Name of organization

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

- Page 3 -----

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)				
Name of organization America Needs You		Employer identification number 27-0601596		
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received	

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10/31/24, 12	2:05 PM	America Needs You - Full Filing- N	Ionprofit Explorer - ProPublica	
-			\$_	
(a)			(c)	
No. from Part I	(b) Description of noncash	property given	FMV (or estimate) (See instructions)	(d) Date received
_			\$	
-				
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from	(b) Description of noncash	property given	(c) FMV (or estimate)	(d) Date received
Part I			(See instructions)	Date received
-			\$	
			Schedule B (Form	990, 990-EZ, or 990-PF) (2020
				, , , , , , , , , , , , , , , , , , ,
		Page 4		
				_
Schedule Name of or	B (Form 990, 990-EZ, or 990-PF) (2020) rganization		Employer identi	Page 4
America Ne	eeds You		27-0601596	
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional sp	ributor. Complete columns (a) t total of e <i>xclusively</i> religious, c tructions.)▶ \$	ribed in section 501(c)(7), (8) hrough (e) and the following	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held
-		(e) Transfer of gift		
	Transferee's name, address, and 2		Relationship of transferor to t	ransferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held
-				
	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4	Relationship of transferor to t	ransferee
(a)				
		· · · · · · · · · · · ·	• • • • • • •	

https://projects.propublica.org/nonprofits/organizations/270601596/202230629349300923/full

Due Due li NI. de Ve E.U.E.S. NI. £1 F.

10/31/24, 12:05 1	² M	America Needs You - Full Filing- Nonprofit	Explorer - ProPublica
No. trom (b) Purpose of gift Part I		(c) Use of gift	(a) Description of now gift is neia
. =	Transferee's name, address, an	(e) Transfer of gift d ZIP 4 Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =	Transferee's name, address, an	(e) Transfer of gift	nship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Additional Data

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Software ID: 20011551 Software Version: 2020v4.0

efile Public Visua	al Render	ObjectId: 2022306	29349300923 - Submission: 2022	-03-0	3	TIN: 27-0601596
SCHEDULE D		Sunnlemen	tal Financial Statements			OMB No. 1545-0047
(Form 990) Department of the Treasury		2020 Open to Public				
Internal Revenue Service	► G		 Attach to Form 990. <u>990</u> for instructions and the latest info 	ormatio	on.	Inspection
Name of the organ America Needs You	ization			Emp	oloyer ident	ification number
America Needs You				27-0	0601596	
			sed Funds or Other Similar Funds	or Acc	counts.	
Comple	te if the orga	anization answered "Yes	s" on Form 990, Part IV, line 6. (a) Donor advised funds		(h) Funds a	nd other accounts
1 Total number at	end of vear .					
		ns to (during year)				
3 Aggregate value	of grants from	n (during year)				
4 Aggregate value	at end of year					
			rs in writing that the assets held in donor a clusive legal control?		funds are the	e 🗌 Yes 🗌 No
charitable purpo	oses and not for	or the benefit of the donor	nor advisors in writing that grant funds car or donor advisor, or for any other purpose			sible
	vation Ease		s" on Form 990, Part IV, line 7.			
			nization (check all that apply).			
		public use (e.g., recreation		a histor	ically import	ant land area
\Box		(),	, O			
\square	of natural hab		Preservation of a	certifie	d historic str	ucture
	on of open spa					
2 Complete lines 2 easement on the			qualified conservation contribution in the fo	orm of a		n he End of the Year
a Total number of	conservation e	easements		2a	inclu at t	
b Total acreage read	stricted by cor	servation easements		2b		
c Number of conse	ervation easen	nents on a certified historic	structure included in (a)	2c		
d Number of conse structure listed i			red after 7/25/06, and not on a historic	2d		
3 Number of cons tax year ►	ervation easer	nents modified, transferred	d, released, extinguished, or terminated by	the or	ganization du	iring the
4 Number of state	es where prope	erty subject to conservation	n easement is located 🕨			
		written policy regarding th rvation easements it holds	e periodic monitoring, inspection, handling ?	of viola	ations,	Yes 🗌 No
6 Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and enforcing o	onserv	ation easeme	ents during the year
7 Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing conse	rvation	easements c	luring the year
			above satisfy the requirements of section 1	L70(h)(,,,,,,	Yes 🗌 No
balance sheet, a	and include, if		ervation easements in its revenue and expe footnote to the organization's financial stat s.			
			of Art, Historical Treasures, or Otl s" on Form 990, Part IV, line 8.	her Si	milar Asse	ts.
historical treasu	ires, or other s	imilar assets held for publ	C 958, not to report in its revenue stateme ic exhibition, education, or research in furtl ents that describes these items.			
historical treasu following amour	ires, or other s	imilar assets held for publ these items:	C 958, to report in its revenue statement a ic exhibition, education, or research in furt	herance	e of public se	rvice, provide the
(i) Revenue includ	led on Form 99	90, Part VIII, line 1			▶\$	
			cal treasures, or other similar assets for fina ISC 958 relating to these items:	ancial g	ain, provide	the
a Revenue include	ed on Form 99	0, Part VIII, line 1			. ▶\$	
b Assets included	in Form 990,	Part X			. ▶\$	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

Cat. No. 52283D

					Page 2								
Schee	dule D	(Form 990) 2020											Page 2
Part		Organizations M											
3		the organization's acq (check all that apply):		n, and other records		any of t	he foll	lowing t	hat are a	significant	use of its co	llection	
а		Public exhibition			d		Loan o	or exch	ange prog	Irams			
b		Scholarly research			e		Other						
с		Preservation for future	e generations										
4	Provic Part X	de a description of the KIII.	organization's col	ections and explain	how the	ey furth	er the	organiz	ation's e	empt purp	ose in		
5		g the year, did the orga s to be sold to raise fur									🗌 Yes		lo
Par	t IV	Escrow and Cust Complete if the or line 21.			rm 990,	, Part I	IV, lin	e 9, or	reporte	d an amo	unt on Forn	n 990,	Part X,
1a		e organization an agent											
	includ	ded on Form 990, Part	X?								🗌 Yes		lo
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete the f	ollowing	table:					Amount		_
с	Begin	ining balance							1c				_
d	Additi	ions during the year .							1d				
е	Distril	butions during the yea	r						1e				
f	Endin	ig balance							1f				
2a	Did th	ne organization include	an amount on Fo	rm 990, Part X, line	21, for	escrow	or cus	stodial a	ccount lia	bility?	Yes		lo
b	If "Ye	s," explain the arrange	ement in Part XIII.	Check here if the e	explanati	on has	been r	provideo	d in Part)				
Pa	rt V	Endowment Fun									-		
		Complete if the or	ganization ansv										
1 -	Boginni	ing of year balance		(a) Current year	(b) P	rior year	. (c) Two y	ears back	(d) Three y	ears back (e)	Four yea	ars back
	-	outions											
		vestment earnings, gair	as and losses										
		or scholarships	-										
		expenditures for faciliti											
	and pro	ograms											
		strative expenses											
g	End of	year balance											
2 a		de the estimated perce d designated or quasi-e		ent year end balance	e (line 1 <u>c</u>	g, colun	nn (a)) held a	s:				
b	Perma	anent endowment 🕨											
с	Term	endowment 🕨											
	The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100%.									
Ba		here endowment funds hization by:	not in the posses	sion of the organiza	ation that	t are he	eld and	d admin	istered fo	r the		Yes	No
	-	nrelated organizations				_					. 3a(i)		NO
	• •	elated organizations									. 3a(ii		
b	If "Ye	s" on 3a(ii), are the re	lated organization	s listed as required	on Sche	dule R?	•				. 3b	-	
4	Descr	ribe in Part XIII the inte	ended uses of the	organization's endo	owment f	funds.						<u> </u>	•
Par	t VI	Land, Buildings,			_	_							
	Deccri	Complete if the or ption of property	ganization answ (a) Cost or oth		rm 990, st or other					m 990, Pa lepreciation		0. Book valu	IA
	Desch		(investme		st of other	Dasis (O	uier)			lepreciation	(0)		ie
1a	Land												
b	Buildin	gs											
		old improvements									1		
С	Leasen												
		nent				15	4,608			94,724			59,884

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, I	Part I\/ lin	o 11h	Soo Form 000 P	art V lino 12
(a) Description of security or category (including name of security)	(b) Book value	e IID.	(c) Method	d of valuation: year market value
(1) Financial derivatives				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, I	Part IV, lin	e 11c.	See Form 990, P	art X, line 13.
(a) Description of investment			(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		۲		
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line	e 11d.	See Form 990, Part	
(a) Description				(b) Book value
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				•
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P	art IV, line	e 11e d	or 11f.See Form 9	990, Part X, line 25.

(a) Description of liability

(b) Book value

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	30,726

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

— Page 4 ——

Schedule D (Form 990) 2020

Scheo	dule D (Form 990) 2020				Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered 'Yes' on Form 990, F			turn.	
1	Total revenue, gains, and other support per audited financial statements $\ $.			1	4,136,564
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	70,811		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	12,376		
е	Add lines 2a through 2d			2e	83,187
3	Subtract line 2e from line 1			3	4,053,377
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :				
а	Investment expenses not included on Form 990, Part VIII, line 7b $\ .$	4a	4,151		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	4,151
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)		5	4,057,528
Par	TXII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered 'Yes' on Form 990, F		• •	leturn.	
1	Total expenses and losses per audited financial statements			1	3,226,247
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	3,226,247
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 $\$.	4a	4,151		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	4,151
5	Total expenses. Add lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal Form 990, Part I, line	18.) .		5	3,230,398
Par	t XIII Supplemental Information				
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			V, line 4; Par	t X, line 2; Part XI,
	Return Reference		Explanation		
Part >		periods er	its financial statements ir nding June 30, 2018 and la		

Part XI, Line 2d: Other revenue amounts included in F/S Gain on lease termination \$12376 but not included on form 990

Additional Data

Return to Form

 Software ID:
 20011551

 Software Version:
 2020v4.0

efile Public Visual Render	ObjectId: 202	223062934930	0923 - Submission	: 2022-03-03	TIN: 27-0601596
SCHEDULE G	Supple	mental Inf	ormation Rega	rdina	OMB No. 1545-0047
(Form 990 or 990-EZ)			Gaming Activi	-	2020
			on Form 990, Part IV, lines n \$15,000 on Form 990-EZ,		Open to Public
Department of the Treasury Internal Revenue Service	Go to www.		1 990 or Form 990-EZ. instructions and the latest i	nformation.	Inspection
Name of the organization America Needs You				Employer id	dentification number
				27-0601596	
-	vities. Complete if are not required t	5	n answered "Yes" on F part.	orm 990, Part IV, line	17.
1 Indicate whether the organi	zation raised funds th	rough any of the f	following activities. Check	all that apply.	
a 🗌 Mail solicitations			e 🗌 Solicitation of nor	n-government grants	
b Internet and email solici	tations		f Solicitation of gov	vernment grants	
c D Phone solicitations		9	g 🗌 Special fundraisir	ig events	
d In-person solicitations					
2a Did the organization have a or key employees listed in F	written or oral agree form 990, Part VII) or	ment with any indi entity in connecti	ividual (including officers on with professional fund	raising services?	Yes 🗌 No
b If "Yes," list the 10 highest to be compensated at least			pursuant to agreements		
(i) Name and address of individua or entity (fundraiser)	al (ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
Total					
3 List all states in which the org licensing.	anization is registered	d or licensed to so	licit contributions or has	been notified it is exemp	t from registration or
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		———— Pa	age 2		
Schedule G (Form 990 or 990-EZ)					Page 2
than \$15,000 of f			answered "Yes" on For gross income on Forr		

)/31/	/24, 12:05 PM	America Needs	You - Full Filing- Nonprofit	Explorer - ProPublica	
		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events
		Benefit Dinner (event type)	Other Events (event type)	(total number)	(add col. (a) through col. (c))
ani					
Revenue					
å					
	1 Gross receipts	816,187	252,185		1,068,372
	2 Less: Contributions	782,338	207,801		990,139
	3 Gross income (line 1 minus line 2)	33,849	44,384		78,233
	4 Cash prizes				
	5 Noncash prizes				
lses	6 Rent/facility costs		30,575		30,575
xpei	7 Food and beverages				
ш t	8 Entertainment				
Direct Expenses	9 Other direct expenses	33,849	13,809		47,658
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		🕨	78,233
	11 Net income summary. Subtract line 10	from line 3, column (d)			
Pai	rt III Gaming. Complete if the orga on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part IV	V, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Rev					
	1 Gross revenue				
Direct Expenses					
ă	3 Noncash prizes				
rect	4 Rent/facility costs				
õ	5 Other direct expenses				
		☐ Yes%	□ Yes%_	□ Yes%	
	6 Volunteer labor	Νο	Νο	Νο	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
			- (-1)		
	8 Net gaming income summary. Subtract	t line / from line 1, columi	n (d)		
9	Enter the state(s) in which the organizati				
a b	Is the organization licensed to conduct ga If "No," explain:				🗌 Yes 🗌 No
10a		censes revoked, suspended			 YesNo

Schedule G (Form 990 or 990-EZ) 2020

Sche	dule G (Form 990 or 990-EZ) 20	020					I	Page 3
11	Does the organization conduct	gaming activities with nonmember	s?			🗌 Yes		
12		beneficiary or trustee of a trust or a e gaming?		er entity		_	_	
13	Indicate the percentage of gar	5 5			· ·	🗌 Yes	🗌 No	
13 a	The organization's facility				13a			%
b	5 ,				13b			%
14	•	f the person who prepares the orga			ecords:			
	Name 🕨							
15-	Address	contract with a third party from who						
15a		contract with a third party from who		5		🗌 Yes		
b		gaming revenue received by the org ained by the third party \triangleright \$						
с	If "Yes," enter name and addre	ess of the third party:						
	Name 🕨							
	Address 🕨							
16	Gaming manager information:							
	Gaming manager compensation	on ▶ \$						
	Description of services provide	ed ►						
		Employee	Independent cont	ractor				
17 a		nder state law to make charitable di e?	5 51	eeds to 		🗌 Yes	□ No	
b		ons required under state law distribution of the tax year between tax year be		ns or spent				
Par	t IV Supplemental Info	prmation. Provide the explanat 15b, 15c, 16, and 17b, as app	tions required by Part I, line 2					s.
	Return Reference	,	Explanation	-		-		

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efile Public Visual				923 - Submission: 20		an printing		TIN: 27-0601596		
Note: To capture the Schedule I (Form 990) Department of the Irreasury Internal Revenue Service	the full content of this document, please select landscape mode (11" x 8.5") when printing. Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.							OMB No. 1545-0047		
Name of the organization America Needs You								tification number		
Part I General	Informatio	on on Grants	and Assistance				27-0601596			
the selection crite	ria used to av	vard the grants	or assistance?	the grants or assistance, se of grant funds in the U		for the grants or assistance	e, and	🗹 Yes 🗌 N		
Part II Grants and	d Other Assi	stance to Dom	nestic Organizations a	and Domestic Governme		rganization answered "Yes"	on Form 990, Part IV,	line 21, for any recipient		
that receive (a) Name and addre		\$5,000. Part II (b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant		
organization or government			(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistanc	e or assistance		
1)										
2)										
3)										
4)										
5)										
6)										
7)										
8)										
9)										
10)										
11)										
12)										
				s listed in the line 1 table			. _	0		
3 Enter total numbe or Paperwork Reduction				<u></u>	Cat. No. 5005			0 Schedule I (Form 990) 2020		
			Dage							
Schedule I (Form 990) 2	020		Page	e 2				D 7		
Part III Grants and	Other Assi		pace is needed.	mplete if the organization	answered "Yes" on For	m 990, Part IV, line 22.		Page 2		
(a) Type of grant		1	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (b FMV, appraisal, other)		ion of noncash assistance		
(1) Professional Develo	opment Grant	ts	59!	· · ·	noncash assistance					
(2) Emergency Grants				8,995						
2)										
3)										
5)										
6)										
7) Part IV Supple	emental Ir	formation.	Provide the informati	on required in Part I, li	ne 2; Part III, colum	nn (b); and any other ad	ditional information			
Return Reference		Explanation								
Grantmaker's Descriptio Grants are Used		loaded onto PE other program Existing fellows	X cards. Staff at ANY have related items. Emergend submitted applications	eve the ability to access PE by grants are specifically u	X activity and log in to sed for emergency cost cribed their emergency	review transactions. Typica ts, such as housing, utilities	lly, grants are used to food, healthcare, hou	s. Grant funding is electronic purchase clothes for intervie sehold supplies, or tuition bil ne need was for emergencies		
							Sch	edule I (Form 990) 2020		

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efile P	ublic Visua	l Render	ObjectId: 202	2306293493	300923 - Submission: 2022-(03-03	TIN: 27	-0601	596	
Schedule J			Cor	mpensati	ion Information		OMB No. 1545-0047			
Form 99	90)	F		-	rustees, Key Employees, and Hig	hest				
				Compensa	ited Employees		- 20	20		
Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990 Attach to Form 990 Complete information. Complete information Complete info										
	enue Service	₽G	o to <u>www.irs.gov</u>	<u>/Form990</u> for	instructions and the latest infor	mation.		Open to Public Inspection		
Name o	of the organiza Needs You	ition				Employer identi	fication nu	ımber		
America	Neeus 100					27-0601596				
Part I	Questic	ons Regardi	ing Compensati	on						
								Yes	No	
l a Ch 99	eck the appro 0, Part VII, Se	plate box(es) ection A, line 1	If the organization p la. Complete Part II	provided any of I to provide any	the following to or for a person lister y relevant information regarding the	ed on Form se items.				
	First-class	or charter tra	vel		Housing allowance or residence for	personal use				
	Travel for	companions			Payments for business use of perso	nal residence				
	Tax idemn	ification and g	gross-up payments		Health or social club dues or initiati	on fees				
	Discretion	ary spending a	account		Personal services (e.g., maid, chaut	ffeur, chef)				
b If	any of the box	es on Line 1a	are checked, did th	e organization	follow a written policy regarding pay	ment or				
rei	imbursement	or provision of	f all of the expenses	described abov	ve? If "No," complete Part III to expl	ain	· 1b			
2 Dio dir	d the organiza rectors, truste	tion require si es, officers, in	ubstantiation prior t cluding the CEO/Exe	o reimbursing o ecutive Director	or allowing expenses incurred by all r, regarding the items checked on Lir	ne 1a?	2			
t Ind		6 6 bb - 6	- II		d ka ankabilink kha annananing af k					
org	ganization's C	EO/Executive	Director. Check all t	hat apply. Do n	d to establish the compensation of th ot check any boxes for methods					
us	ed by a relate	d organization	to establish compe	ensation of the (CEO/Executive Director, but explain i	in Part III.				
	Compensa	ition committe	e		Written employment contract					
	- ·		tion consultant	~	Compensation survey or study					
~	Form 990	of other organ	nizations		Approval by the board or compensation	ation committee				
	uring the year, lated organiza		n listed on Form 99	0, Part VII, Sec	tion A, line 1a, with respect to the fi	iling organization o	ra			
a Re	eceive a severa	ance payment	or change-of-contro	ol payment? .			4a		No	
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?						4b		No	
	Participate in, or receive payment from, an equity-based compensation arrangement?						4c		No	
If	"Yes" to any o	f lines 4a-c, lis	st the persons and p	provide the app	licable amounts for each item in Par	t III.				
Or	nly 501(c)(3)), 501(c)(4),	and 501(c)(29) c	organizations	must complete lines 5-9.					
5 Fo	r persons liste	d on Form 990		-	he organization pay or accrue any					
a Th	ne organizatior	1?					5a		No	
			cribe in Part III.				5b		No	
5 Fo	or persons liste Impensation co	d on Form 990 ontingent on th	0, Part VII, Section he net earnings of:	A, line 1a, did t	he organization pay or accrue any					
a Th	ne organizatior	1?					6a		No	
b An	ny related orga	inization? .					6b		No	
If	"Yes," on line	6a or 6b, desc	cribe in Part III.							
For For	or persons liste ayments not de	d on Form 990 escribed in line	0, Part VII, Section es 5 and 6? If "Yes,"	A, line 1a, did t ' describe in Par	he organization provide any nonfixe	d 	7		No	
	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was									
	bject to the in Part III .		exception described		section 53.4958-4(a)(3)? If "Yes," d	escribe				
							8		No	
					presumption procedure described in					
55							9			

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------ Page 2 ----

Schedule J (Form 990) 2020								Page 2
Part II Officers, Directors, Trustees, Key Employees, and	Hig	hest Compensa	ated Employee	s. Use duplicate	copies if addition	onal space is ne	eded.	
For each individual whose compensation must be reported on Schedule J, re instructions, on row (iii). Do not list any individuals that are not listed on For Note. The sum of columns (B)(i)-(iii) for each listed individual must equal th	m 99i	0, Part VII.	5	.,	5	,		vidual.
(A) Name and Title	(B) Breakdo	own of W-2 and/or compensation	1099-MISC	(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Anna Verdiyan COO		152,819	1,500			120	154,439	
	(ii)							
2 Marianna Tu CFO	(i)	195,914	1,500			8,058	205,472	
	(ii)							

							ļ	ļ	
								Schedule J (F	orm 990) 202
			F	Page 3					
dule J (Form 990) 2020									Page
t III Supplemental Informati									
ide the information, explanation, or des Return Reference	criptions required for Part I, line	s 1a,	1b, 3, 4a, 4b, 4c,		and 8, and for Par xplanation	t II. Also complete	this part for any	additional info	rmation.
				=					

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efile Public \	Visual	Render ObjectId: 202230629349300923 - Submission: 2022-0	3-03	TIN: 27-0601596				
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service		Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ. Go to <u>www.irs.gov/Form990</u> for the latest information.	OMB No. 1545-0047 2020 Open to Public Inspection					
Name of the orga America Needs You			Employer identi					
Return			27-0601596					
Reference		Explanation						
Form 990, Part VI, Line 2: Description of Business or Family Relationship of Officers, Directors, Et	Eric an	nd Dina Aronson are married.						
Form 990, Part VI, Line 11b: Form 990 Review Process	Part VI, Line process was performed, the form 990 was sent to the full board of directors prior to being filed with the IRS. 11b: Form 990 Review							
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	The organization requires disclosure and/or verification of any current or future potential conflicts of interest on an annual basis all contracts are subject to a two-tiered approval process.							
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	The Board of Directors, upon the recommendation of the Executive Committee, establishes reasonable compensation and benefits for the CEO. The CEO does not participate in the discussions and deliberations of, and voting on, his or her compensation and is not counted in determining a quorum at any meeting in which his or her compensation is discussed. This procedure follows the rebuttable presumption procedure laid out by the IRS. During this process, the Board of Directors review comparable compensation data and the decision is recorded in the Board's minutes. Pay increases for the CEO come, in writing, from the President of the Board of Directors.							
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	The CEO, in consultation with Executive Committee members of the Board of Directors, establishes reasonable compensation and benefits for the CFO. The CFO does not participate in the discussions and deliberations of, and voting on, his or her compensation and is not counted in determining a quorum at any meeting in which his or her compensation is discussed. This procedure follows the rebuttable presumption procedure laid out by the IRS. During this process, comparable compensation data is reviewed and ANYs organization-wide internal compensation approach policies are followed.							
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available		The Organization's financial statements are available to the public via a number of channels, including its website, in person and upon request.						
Other Changes In Net Assets Or Fund Balances - Other Increases	Gain o	on lease termination = \$12376						

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