Form **990**

Return of Organization Exempt From Income Tax

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

2020

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury

A For the 2020 calendar year, or tax year beginning and ending D Employer identification number Check if applicable: C Name of organization Native American Community Development Address change Institute Name change 41-2117257 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 612-235-4976 1414 E Franklin Ave termin-ated 1,070,325. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return Minneapolis, MN 55404 H(a) Is this a group return Applica-F Name and address of principal officer: Robert Lilligren Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)(If "No," attach a list. See instructions) ◀ (insert no.) 4947(a)(1) or J Website: ▶ www.nacdi.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2007 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: Helping Native people create the Activities & Governance future they envision. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 8 5 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 200 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1,107,951. 1,027,471. Revenue 24,100. 0. Program service revenue (Part VIII, line 2g) 473. 2,197. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 46,851. 16,557. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,155,275. 1,070,325. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 394,297. 562,665. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)

19,091. 459,253 372,084. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 934,749. 135,576. 853,550. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 301,725. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1,651,486. 1,700,315. 20 Total assets (Part X, line 16) 153,142. 61,139. 21 Total liabilities (Part X, line 26) 498,344. 639,176. 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign Robert Lilligren, Executive Director Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid Steven Anseth, CPA P00552219 Firm's name Abdo, Eick & Meyers, LLP Firm's EIN \searrow 41-1397419Preparer Firm's address 5201 Eden Avenue, Suite 250 Use Only Edina, MN 55436 Phone no. 952-835-9090

X Yes No

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

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: The Native American Community Development Institute (NACDI) is an
	American Indian community development intermediary - the first of its
	kind in the region - created by and for American Indians. NACDI is
	committed to transforming the American Indian community to effectively
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	registering 1340 voters. Of the 1340 voters 1,083 identified as Native
	American, 257 were other/unknown, 118 were first time voters, and 42
	were unsheltered/unhoused. The team also helped 1182 people complete
	their Census with 89 being completed on the (unexpected) last day!
	Hennepin County and the Native American Community Development Institute
	(NACDI) are partnering to transform two vacant lots owned by the
	Hennepin County Regional Railroad Authority (HCRRA) near the Midtown
	Greenway into an urban farm and community gathering place.
	NACDI will operate the Four Sisters Farm on the site to provide access
	to fresh healthy foods and serve as a learning environment for
	indigenous farming, medicine, and lifeways.
4b	(Code:) (Expenses \$
4-	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 580,017.

Form 990 (2020) Institute Part IV Checklist of Required Schedules

			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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
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		X
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			
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			177
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
			_	

Form 990 (2020) Institute

Part IV | Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		X
24 a	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		Х
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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		Х
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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		Α.
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
· al	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No			
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	8						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
				3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					v			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	int)?	4a		X			
р	If "Yes," enter the name of the foreign country		-+- (FDAD)						
E a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		, ,	5a		Х			
	 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5b 5c		X			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30					
ou	any contributions that were not tax deductible as charitable contributions?			6a		х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut								
_	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	quired						
	to file Form 8282?		·····	7с		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				X			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	5 , 5 , 71 , 1 ,								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
•	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a					
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:			35					
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-					
11	Section 501(c)(12) organizations. Enter:		•						
а		11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	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	12b							
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
L	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the	426	1						
^	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b 13c		-					
			1	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		_ <u></u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
-	excess parachute payment(s) during the year?			15		х			
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	ome?	16		Х			
	If "Yes," complete Form 4720, Schedule O.								

Form 990 (2020)

41-2117257

Page 6

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

	Creck if Schedule O contains a response or note to any line in this Part VI			21
Sec	tion A. Governing Body and Management			·
		3	Yes	No
1a	Enter the number of voting members of the governing body at the one of the tax year	4		
	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 on Schedule 0.	3		
b	Enter the hamber of voting members included on line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		v
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			₩.
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	J 11	_		v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		v
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37	
а		8a	X	
b	, , , , , , , , , , , , , , , , , , , ,	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			·
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Α.
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	1 , , , ,	10	Х	
12a	1 , , , ,	12a	X	
b		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	X	
40	in Schedule O how this was done	12c	Λ	Х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Λ
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?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	X	\vdash
b		15b		
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		Х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		
800	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed ►MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(S)e onl	n avai	lablo
10	for public inspection. Indicate how you made these available. Check all that apply.	יוו וט פני	ı, avdı	aule
	Own website			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
19	statements available to the public during the tax year.	iu iiiia	ıcıal	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	The Organization - 612-235-4976			
	1414 E Franklin Ave, No. 1, Minneapolis, MN 55404			
	··			

Institute

Page 7 page of Officers Trustage Koy Employees Highest Co

Form 990 (41-2117257	ı						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
	Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	or any related	orga	aniza			npe	nsat		director, or trustee.	
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per			Inless person is both an ar and a director/trustee)			compensation	compensation from related	amount of	
	week (list any	jo.					Ė	from the	organizations	other compensation
	hours for	direct				Ð		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** = ** * * * * * * * * * * * * * * * *	organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Ser	Key employee	Highest compensated employee	Former			organizations
	line)	lndi	Inst	Officer	Key	High	Forr			
(1) Robert Lilligren	40.00								_	
Executive Director				Х				92,252.	0.	15,682.
(2) Ed Minnema	40.00									
Chief Operating Officer				Х				89,199.	0.	8,142.
(3) Sam Olbekson	2.00									
Chair		Х		Х				0.	0.	0.
(4) Heid Erdrich	2.00									
Vice Chair		Х		X				0.	0.	0.
(5) Christine McDonald	2.00									
Secretary		X		X				0.	0.	0.
(6) Deanna Standing Cloud	2.00									
Treasurer		X		X				0.	0.	0.
(7) Peter McLaughlin	2.00									
Director		X						0.	0.	0.
(8) Mihailo Temali	2.00									
Director		Х						0.	0.	0.
(9) Sonja Tanner	2.00									
Director		X						0.	0.	0.
(10) Joe Hobot	2.00									
Director		Х						0.	0.	0.
		1								
		1								
		1								
	1									
		1								
		1								
		1								
	1	_						ı		

Form **990** (2020) 032007 12-23-20

Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	a Hi	ıgne	st C	ompensated Employe	es (continuea)				
(A) Name and title	(B) Average hours per week (list any hours for	(do box, offic	not c	Position not check more than one unless person is both an er and a director/trustee)				(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization (W-2/1099-MI	on d ns	am com	(F) timate nount o other pensa om the	of tion
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 27 1000 WIII		orga and	anizati d relate anizatio	ion ed
			_										
		\square		\Box									
		H		\Box									
		H		H									
		\bigsqcup		\sqcup									
								101 451				2 0	<u> </u>
1b Subtotal c Total from continuation sheets to Part V							>	181,451.		0.		3,8	<u>44.</u>
d Total (add lines 1b and 1c)							<u> </u>	181,451.		0.	2	3,8	24.
 Total number of individuals (including but compensation from the organization 	not limited to th	nose	liste	ed at	bove	e) wł	no re	eceived more than \$100	0,000 of reportab	ıle			C
3 Did the organization list any former officer	director trust	ee k	KeV 6	emní	love	ല	r hin	lhest compensated emr	olovee on			Yes	No
line 1a? If "Yes," complete Schedule J for	such individual										3		Х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	-		-					•	the organization		4		Х
5 Did any person listed on line 1a receive or							elat	ed organization or indiv	idual for services	3	_		х
rendered to the organization? If "Yes," con-	npiete Scheaui	e J To	or si	ucn į	pers	son .					5		
1 Complete this table for your five highest co										npens	ation f	rom	
the organization. Report compensation for (A)	the calendar y	eare	<u>enai</u>	ng w	vith	or w	rithir	the organization's tax	year.		(C	:)	
Name and business	s address	NC	INC	Ξ				Description of s	ervices	С	Comper		1
2 Total number of independent contractors		not lir	mite	d to	tho	se li:	sted	l above) who received n	nore than				
\$100,000 of compensation from the organ	ization >	—										000 4	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 74,725. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 952,746. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f **▶** 1,027,471. h Total. Add lines 1a-1f. **Business Code** 24,100. 541900 24,100. 2 a Consulting Revenue Program Service Revenue f All other program service revenue 24,100. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,197. 2,197. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 12,667. 6 a Gross rents 0. **b** Less: rental expenses ... 12,667. c Rental income or (loss) 12,667. 12,667. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) _____ 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See 2,503. Part IV, line 18 **b** Less: direct expenses _____ 2,503. 2,503. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory **Business Code** 900099 1,387. 1,387. 11 a Other Revenue d All other revenue 1,387. e Total. Add lines 11a-11d 1,070,325. 42,854. Total revenue. See instructions 12

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Chack if Schodula O contains a reapor				
Do	Check if Schedule O contains a respor not include amounts reported on lines 6b,	(A)	this Part IX	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	205,275.	123,165.	76,251.	5,859.
6	Compensation not included above to disqualified	20372731	123/1031	7072320	3,033.
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	258,722.	155,233.	96,104.	7,385.
8	Pension plan accruals and contributions (include	- ,	-,	,	,
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	58,606.	35,164.	21,767.	1,675.
10	Payroll taxes	40,062.	24,037.	14,880.	1,145.
11	Fees for services (nonemployees):	-	-	•	
а	Management				
	Legal				
	Accounting	41,356.		41,356.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	92,591.	64,349.	28,242.	
12	Advertising and promotion	5,791.	4,423.	1,368.	
13	Office expenses	1,596.	905.	691.	
14	Information technology	8,446.	5,068.	3,137.	241.
15	Royalties	54 000	4.4 0.50	25.222	0 1 11
16	Occupancy	74,932.	44,959.	27,832.	2,141.
17	Travel	6,148.	5,228.	920.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20		26	
19	Conferences, conventions, and meetings	96.		96. 2,662.	
20	Interest	2,662.		4,004.	
21	Payments to affiliates	21,957.	13,174.	8,156.	627.
22	Depreciation, depletion, and amortization	4,424.	13,1/4.	4,424.	027.
23	Insurance Other expanses Itamize expanses not covered	4,444.		4,444.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
9	Community Events Expens	95,806.	94,306.	1,500.	
a h	Miscellaneous	8,872.	5,935.	2,937.	
c	Postage and Shipping	2,942.	2,942.		
ď	Equipment Rental and Ma	1,686.	369.	1,299.	18.
а е	All other expenses	2,779.	760.	2,019.	
25	Total functional expenses. Add lines 1 through 24e	934,749.	580,017.	335,641.	19,091.
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)				
	0.10.00.00	L	L		Form 990 (2020)

Form 990 (2020)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		540,363.	1	426,241.	
	2	Savings and temporary cash investments			495.	2	5.
	3	Pledges and grants receivable, net			403,515.	3	533,531.
	4	Accounts receivable, net		8,494.	4	54,303.	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t	sons		5		
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in se	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ÿ	9	Prepaid expenses and deferred charges			6,128.	9	1,162.
	10a	Land, buildings, and equipment: cost or other		1			
		basis. Complete Part VI of Schedule D	10a	446,177.			
	b	Less: accumulated depreciation		1 6 6 1 6 6	292,722.	10c	280,048.
	11	Investments - publicly traded securities	•			11	
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets	[14		
	15	Other assets. See Part IV, line 11	399,769.	15	405,025.		
	16	Total assets. Add lines 1 through 15 (must e	1,651,486.	16	1,700,315.		
	17	Accounts payable and accrued expenses		63,142.	17	61,139.	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or f	ormer off	icer, director,			
Ě		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese per	sons		22	
_	23	Secured mortgages and notes payable to un	related th	nird parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties	90,000.	24	0.
	25	Other liabilities (including federal income tax,	payables	s to related third			
		parties, and other liabilities not included on li	nes 17-24	4). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			153,142.	26	61,139.
w		Organizations that follow FASB ASC 958, or	check he	re ▶ X			
ĕ		and complete lines 27, 28, 32, and 33.					
alan	27	Net assets without donor restrictions			514,781.	27	830,142.
Ä	28	Net assets with donor restrictions			983,563.	28	809,034.
й		Organizations that do not follow FASB AS6	C 958, ch	eck here 🕨 📖			
Ē		and complete lines 29 through 33.					
S S	29	Capital stock or trust principal, or current fun	ds			29	
sse	30	Paid-in or capital surplus, or land, building, or	r equipme	ent fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	d income	or other funds		31	
Se	32	Total net assets or fund balances			1,498,344.	32	1,639,176.
	33	Total liabilities and net assets/fund balances		l l	1,651,486.	33	1,700,315.

Native American Community Development

Form 990 (2020) Institute 41-2117257 Page **12**

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1 2 3	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1 2 3 4		4,7 5,5	49. 76.			
4 5 6 7	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses 7							
8 9 10	Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10							
Pa	rt XII Financial Statements and Reporting		1,63					
	Check if Schedule O contains a response or note to any line in this Part XII				X			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		Yes	No			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, 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, consolidated basis, or both:							
С	X 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 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 on Sci		2c	х				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ngle Audit	3a		х			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

Native American Community Development

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Institute 41-2117257 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	356,208.	664,371.	942,304.	1107951.	1027471.	4098305.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	256 222	664 254	0.10	4405054	4005454	400000
4	Total. Add lines 1 through 3	356,208.	664,371.	942,304.	1107951.	1027471.	4098305.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						1120050
	column (f)						1130250.
6	Public support. Subtract line 5 from line 4.						2968055.
	• •	(-) 0040	(1-) 0047	/-\ 0040	(-1) 0040	(-) 0000	/6\ T - + - l
	ndar year (or fiscal year beginning in)	(a) 2016 356, 208.	(b) 2017 664,371.	(c) 2018 942, 304.	(d) 2019 1107951.	(e) 2020 1027471.	(f) Total 4098305.
	Amounts from line 4	330,200.	004,571.	942,304.	110/9310	102/4/10	4090303.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1,403.	997.	595.	473.	2,197.	5,665.
9	and income from similar sources Net income from unrelated business	1,403.	337.	333.	±75•	2,15,1	3,003.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	68,966.	57,219.	46,459.	42,851.	27,990.	243,485.
11	Total support. Add lines 7 through 10		,	,		,	4347455.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the					501(c)(3)	
	organization, check this box and stop	- 1			_		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2020 (line 6, column (f), c	divided by line 11,	column (f))		14	68.27 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	65.71 %
16a	33 1/3% support test - 2020. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization	·			▶ X
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact		•		•	VI how the organiz	ation
	meets the facts-and-circumstances to	-		*	-		
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the		•				, —
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶Ш

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Galledar year (or fiscal year septiming in) Galledar year (or fiscal	Sec	tion A. Public Support	now, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants.") 2 Gross eneights from admissions, merchandise acid or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross neceipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. 6 Total. Add lines 1 through 5. 7 A mounts included on lines 1, 2, and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons that second to gratues of 18,000 or 1% of the annual received and annual received annu		· · · · · · · · · · · · · · · · · · ·	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
membership fees received. (Do not include any trustal grants?) 2 Gross receipts from admissions, membranding sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization is transpared to or expended on its behalf 5 The value of services or scalities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 6 Total. Add lines 1 through 5		· ` ` ` · · · · · · · · · · · · · · · ·	(-, -5.5	(-,,	(-, 25.5	(=, ==:=	\-,	(-)
include any *unusual grants*) 2 Gross recipits from admissions, merchandies sold or services per formed, or facilities furnished in any activity that is related to the organization's trave-empt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's trave-empt purpose 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and offitting the properties of		, ,						
2 Gross receipts from admissions, merchandles sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues leviet for the organization's benefit and either paid to or expanded on its behalf to every period of the behalf of the paid to or expanded on its behalf to the organization without charge 6 Total. Add lines 1 through 5 7 Ta waute of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons but a service of the paid of th								
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's traveweriph purpose 3. Gross receipts from activities that are not an unrelated trade or bus- iness under section 513. 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5. The value of services or statities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts include on lines 2 and 7 served from the first of the pay 6. Add lines 7 and 7 b. 8. Public support, secretal solution 9. Amounts fortion line 6. 10. Gross income from interest, dividendis, payments received on and income from similar sources b. Unrelated business tzable income (less section 5.1 laxes) from businesses acquired after June 30, 1975 9. Add lines 10a and 10b 11. Net income from unrelated business whether or not the business is regulatly carried on 12. The First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, critical 15. The Syears. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, critical 15. Public support percentage for 2020 (line 16, apt 111, line 17 15. Public support percentage for 2020 (line 16, apt 111, line 17 16. Public support percentage for 2020 (line 16, column (f), divided by line 13, column (f)) 15. 9. 9. 9. Section D. Computation of Public Support Percentage 15. Public support percentage for 2020 (line 16, column (f), divided by line 13, column (f)) 17. Investment income percentage for 2020		, , , , , , , , , , , , , , , , , , ,						
any activity that is related to the organization is tax-exempt purpose of congruents from activities that are not an unrelated trade of business under section 513 1 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons that one or the service of the service		•						
origanization's tax-exempt purpose 3 Cross recepts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons b Amonita included on lines 2 and 3 received trom other than decapitately persons b Amonita included on lines 2 and 3 received trom other than decapitately persons b A mounts included on lines 2 and 3 received trom other than decapitately persons b A received from disqualified persons b A received from disqualifie		*						
3. Gross receipts from activities that are not an unvested trade or business under section 513 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. a Amounts included on lines 1, 2, and 3 received from disqualified persons 1. Amounts included on lines 3 and 3 received from disqualified persons 1. Amounts included on lines 3 and 3 received the services of the se								
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 8 A mounts included on lines 1, 2, and 3 received from disqualified persons but have been serviced by a service of the service of th		· · · · •						
Interest under section 513 4 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5		•						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5		5						
ization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. A Amounts included on lines 1, 2, and 3 received from disqualified persons 1. Amounts included on lines 2 and 3 received from disqualified persons 1. Amounts included on lines 2 and 3 received from other than 10 to the year and sealing persons that sealing the sealing persons the sealing that sealing the sealing persons the sealing that sealing the sealing persons the sealing that sealing the seali								
or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7 a Amounts included on lines 2, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons the received from disqualified persons that received the great of sky00 or 1% of the short of the three disqualified persons that received the great of sky00 or 1% of the short of the three disqualified persons that received from other than disqualified persons that received from the same from three than the received from securities locally from the same from the same standard persons that received from securities from the same standard persons that received from the same st		·						
5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received son other than disqualified persons b Amounts included on lines 2 and 3 received son other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on their fails or the year and security of the amount of their 15 for the year and security of the amount of their 15 for the year and 15 for they are and 15 for the year and 15 for they are an and 15 for they are an anount of 15 for they are anount of 15 for they are an anount of 15 for they are an anount of 15 for they are an								
furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 roceived from disqualified persons b Amounts included on lines 1, 2, and 3 roceived from disqualified persons consider the greater of \$5.000 or 1% of the amount on line 1 for the year of the amount on line 1 for the year of the amount on line 1 for the year of the amount of the 1 for the year of the amount of the 1 for the year of the amount of the 1 for the year of the amount of the 1 for the year of the amount of the 1 for the year of the 1 for the 1 for the year of the 1 for								
the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1 and a received tom other than dequalified persons that exceed the greater of \$5,000 or \$4 or the amount on line 13 for the year c Add lines 7 and 7 b 3 Public support. Support [a line [a b b b b b 3 Public support (riscal year beginning in) 4 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loars, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, wregularly carried on 12 Other income pone included palin assets (Explain in Part VI). 13 Total support, (Add lines 1) can plan as a session of line 1 and a session of lines and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 17 19 As 31 1/3% support percentage from 2019 Schedule A, Part III, line 17 19 As 31 1/3% support percentage from 2019 Schedule A, Part III, line 17 19 As 31 1/3% support tests - 2020. If the organization of once hose of the organization of line 1 file organization o								
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received to non-ther than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 1 for the year continued to lines 2 and 3 received to non-ther than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 1 for the year continued to lines 2 and 3 received the greater of \$5,000 or 1% of the amount on line 1 for the year continued to line 5 for the year and 7 b 8 Public support. Septont in 1 through 5 for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section D. Computation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 19 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 10 31 18 support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.								
7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$0,000 or 15 de the amount on line 15 for the year of 2,000 or 15 de the amount on line 15 for the year of 2,000 or 15 de the amount on line 15 for the year of 2,000 or 15 de the amount on line 15 for the year of 2,000 or 15 de the amount on line 15 for the year of 2,000 or 15 de the amount on line 15 for the year of 2,000 or 15 de the amount on line 15 for the year of 2,000 or 15 de the amount of 15 de the year of 2,000 or 15 de the amount of 15 de the year of 2,000 or 2,000 o		· · · · · ·						
3 received from disqualified persons b Amounts included on lines 2 and 3 received two other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on lines 2 and 3 received two other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on lines 2 and 3 received the greater of \$5.000 or 1% of the amount on lines 2 and 3 received the greater of \$5.000 or 1% of the amount on lines 2 and 3 received and 1% of the second of the							+	
b Amounts included on lines 2 and 3 received from chert hard singulatified parts that exceed the greater of \$5,000 or 1% of the amount on line 1 for the year c Add lines 7a and 7b 8 Public support, Spingtalities 75 tentilies 1 8 Public support percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, entar to ryadities, and income from similar sources b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business are required from 2019 schedule A, Part III, line 15 Public support percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 15 Public support percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Samuel Column Part III Part		, ,						
tom other than disqualified persons that exceed the grapter of \$5,000 or 196 of the amount on line 13 for the year or Add lines 7 a and 7 b 8 Public support. (Support 1) 8 Public support (Support 1) 8 Public support (Support 1) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b 6 Unrelated business taxable income (less section 5.11 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business of the organization of 10c Office organization (in the organization office organization (in the organization office organization office organization office organization office organization organizati		· · · · · · · · · · · · · · · · · · ·						
amount on line 13 for the year c Add lines 7a and 7b 8 Public support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, ents, royallies, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI.) 13 Total support. Again line 17 in years as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 15 16 94 17 Investment income percentage from 2019 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 33 173% support tests - 2019. If the organization did not check a box on line 14, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization. ▶ 33 173% support tests - 2019. If the organization did not check a box on line 14, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization.	1	from other than disqualified persons that						
c Add lines 7a and 7b 8 Public support. Spection B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business sactivities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 13 Total support, ade lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section D. Computation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization □ 13 13 13 13 13 13 13 13 13 13 13 13 13								
8 Public support. (Subtaclilize 7; from line 5) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 19 a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □								
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 (a) (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 (c) 2018 (d) 2019 (e) 2020 (f) Total 11 Net income from unrelated business sativities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support, Apid lines 9, to, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section D. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/396, and line 17 is not more than 33 1/396, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/396, and line 17 is not more than 33 1/396, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/396, and line 17 is not more than 33 1/396, check this box and stop here. The organization qualifies as a publicly supported organization								
Calendar year (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 13 Total support, (add lines 9, 10c. 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 15 6 Public support percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization	Sec	tion B. Total Support						
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 15 16 Yeblic support percentage from 2019 Schedule A, Part III, line 15 17 Yes years. If yes			(a) 2016	(b) 2017	(c) 2018	(d) 2019	(a) 2020	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business satable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on or the business is regularly carried on so the store of the surface of the store of the		· · · · · · · · · · · · · · · · · · ·	(a) 2010	(6) 2017	(6) 2010	(4) 2019	(6) 2020	(i) iotai
dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization D 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization D 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported org								
and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on regularly carried on rolss from the sale of capital assets (Explain in Part VI.) 13 Total support, (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. (life the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization								
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business a cregularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization	:	securities loans, rents, royalties,						
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 31/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		F						
acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on great part of the properties of capital assets (Explain in Part VI.) 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1								
c 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 10 b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 10 public support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 15 public support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization		acquired after June 20, 1075						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 10 b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 10 public support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 10 public support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 1 Investment income than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 1 Investment income than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 1 Investment income than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 1 Investment income than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 1 Investment income than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization								
regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization								
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1								
or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2019 Schedule A, Part III, line 17, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 19 Jan								
Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 17 Interval 18 Interval 19 Interval		or loss from the sale of capital						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 Description of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 15 16 9/20 17 Public support percentage from 2019 Schedule A, Part III, line 17 18 9/20 19 a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 Description of Public Supported organization methods as a publicly supported organization							+	
check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 11 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f)) 12 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f)) 13 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f)) 15 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f)) 16 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f)) 17 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f)) 19 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f) 19 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f) 10 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f) 17 Public su			e organization's f	iret epoond third	fourth or fifth toy	Vear as a section	501(c)(3) organizat	ion
Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 Public support percentage for 2019 Schedule A, Part III, line 15 11 Public support 15 12 Public support 15 13 Public support 15 14 Public support 15 15 Public support 15 16 Public support 15 16 Public support 16 17 Public support 16 18 Public support 16 18 Public support 16 19 Public support 16 10 Public support 16 10 Public support 16 11 Public support 16 12 Public support 16 13 Public support 16 14 Public support 16 15 Public support 16 16 Public support 16 16 Public support 16 17 Public support 16 18 Public support 16 18 Public support 16 18 Public support 17 19 Public support 17 18 Public support 17 19 Public support 17 19 Public support 17 10 Public support 18 10 Public support 18 10 Public support 18 10 Public support 18 11 Public support 18 12 Public 17 13 Public 18 14 Public 18 15 Public 18 16 Public 18 16 Public 18 16 Public 18 17 Public 18 18 Public 18 18 Public 18			•		,	•		.1011,
15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19								
16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		-			column (f))		15	0/6
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							 	
17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							10	70
18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		•					17	0,4
19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							 	
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			-					17 13 11UL
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
. I		• •	•			•	•	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.)

	Yes	No
1		
2		
20		
3a		
3b		
3c		
4a		
-1 a		
4b		
4c		
10		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
100		
10b		
m 990 or 9	90-EZ	2020

_	rt IV Supporting Organizations (continued)	1,25	, [6	age 3
Га	CONTINUED)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	140
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Ŭ	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etructio	nol	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
а	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,	_u		
J	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.

Native American Community Development

Schedule A (Form 990 or 990-EZ) 2020 Institute

41-2117257 Page 6

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mus	t complet	te Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ılly integra	ated Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2020

	dule A (Form 990 or 990-EZ) 2020 Institute			4	1-2117257 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	<u> </u>
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution 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 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				

Schedule A (Form 990 or 990-EZ) 2020

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

Native American Community Development

41-2117257 Page 8 Schedule A (Form 990 or 990 EZ) 2020 Institute Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
Ford Foundation	100,000.	13,051.
The Andrew W. Mellon Foundation	835,000.	748,051.
Bush Foundation	132,266.	45,317.
Mcknight Foundation	410,780.	323,831.
Total Excess Contributions to Schedule A, Part II, Line 5		1,130,250.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

Native American Community Development Institute

Employer identification number

41-2117257

Organization type (check one):					
Filers of	:	Section:			
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	•	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year			
	J	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to			

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization
Native American Community Development
Institute

Employer identification number

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	Ellen Ann Michelson 100 3rd Ave S, 3802 Minneapolis, MN 55401	\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	Jerome Foundation 550 Vandalia St. #109 St. Paul, MN 55114	\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	McKnight Foundation 710 S 2nd St Suite 400 Minneapolis, MN 55401	\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	Minneapolis Foundation 800 IDS Center 80 S 8th St Minneapolis, MN 55402	\$125,000 .	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	Headwaters Foundation for Justice 2801 21st Ave S #123B Minneapolis, MN 55407	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	Good Family Foundation 1818 Oliver Ave S Minneapolis, MN 55405	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization
Native American Community Development
Institute

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	Minnesota Voice 1600 University Ave W #303 St. Paul, MN 55104	\$ 62,500.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	Northwest Area Foundation 60 Plato Blvd E Suite 400 St. Paul, MN 55107	\$\$	Person X Payroll		
(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.)		

Name of organization
Native American Community Development
Institute

Employer identification number

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		
		\$			
(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 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		
		\$			

Name of organization Employer identification number Native American Community Development Institute

Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a)			O1(c)(7), (8), or (10) that total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,00	O or less for the	e year. (Enter this info. once.) \$		
(a) No. from	Use duplicate copies of Part III if additional (b) Purpose of gift	(c) Use of gift		(d) Deparintion of how gift is hold		
Part I	(b) Purpose or grit	(c) Use of gift		(d) Description of how gift is held		
_						
		(e) Transfer o	f gift			
	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I						
-		(e) Transfer o	f aift			
		(6) 114.116161	· 3 ···			
_	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee		
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
				<u> </u>		
Ī		(e) Transfer o	f gift			
	Tunnefamala nama addresa as	D-	lationals of two of over to two of our			
+	Transferee's name, address, ar	10 ZIP + 4	ne	lationship of transferor to transferee		
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
						
			_			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee		
	,,			·		
	9	-				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Native American Community Development

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Institute

Employer identification number 41-2117257

Pai			is or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e o. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	. ,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) — Preservation o	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	•	l l
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		•
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	- \$		
8	Does each conservation easement reported on line 2(d) abov	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial states	ments that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	f Art Historical Treasures or (Other Similar Assets
ı uı	Complete if the organization answered "Yes" on Form		other ommur Assets.
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
Ia	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finar		
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in ful	therafice of public service,
			• •
	(i) Revenue included on Form 990, Part VIII, line 1		L 4
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treating the second seco	asuras or other similar assets for financ	
2			iai gairi, provide
•	the following amounts required to be reported under FASB A	_	▶ ¢
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
D	Assets included it i titll 330, Fall A		Ψ Ψ

Native American Community Development

Schedule D (Form 990) 2020

Institute

41-2117257 Page 2

Pai	t III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tr	easures, c	or Othe	r Simila	ır Asse	ts (continu	ed)
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the	following tha	t make si	ignificant i	use of its		
	collection items (check all that apply):									
а	Public exhibition	d	L	oan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ey further t	he organization	on's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organ	nization's c	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arrang								line 9, or	
	reported an amount on Form 990, Part	: X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for o	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
		·	Ū						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo								Yes	□ No
	If "Yes," explain the arrangement in Part XIII.	·								
	t V Endowment Funds. Complete if									<u> </u>
		(a) Current year		ior year	(c) Two year			ears hack	(e) Four y	ears hack
12	Beginning of year balance	(a) Current year	(6) 1 1	ioi yeai	(c) two your	o baok	G Timoo y	buro buon	(C) roury	ouro buon
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships				+					
е	Other expenditures for facilities									
_	and programs					-				
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	g, column (a	a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Term endowment	6								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held a	ınd administe	red for th	ne organiz	ation	_	
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.						
Pai	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990), Part IV	, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investn	nent)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
	Leasehold improvements			37	3,810.	1	10,89	96.	262	,914.
	Equipment				2,367.		55,23			,134.
	Other				-		•			
	Add lines 12 through 10 (Column (d) must ec		V ook:	n (D) line	100)				280	048.

Schedule D (Form 990) 2020

Native American Community Development Institute

41-2117257 Page 3

Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	end-of-year market value
I) Financial derivatives			
2) Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1) Investment in American Ind	lian Holding	Company, LLC	405,02
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶ 405,02
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	e 25.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			
(9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		

Institute

ı aı	rt XI Reconciliation of Revenue per Audited Financial S				
	Complete if the organization answered "Yes" on Form 990, Part IV				1 075 501
1	Total revenue, gains, and other support per audited financial statements			1	1,075,581.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments				
b					
C	1 , 0		<u> </u>		
d			5,256.		E 256
	Add lines 2a through 2d			2e	5,256. 1,070,325.
3	Subtract line 2e from line 1			3	1,070,323.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	,	<u>-</u>			0
_	Add lines 4a and 4b			4c	1,070,325.
5 Do:	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial			5 Dotu	
Pai			Expenses per	netui	111.
_	Complete if the organization answered "Yes" on Form 990, Part IV		Ī		934,749.
1	Total expenses and losses per audited financial statements			1	754,747.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مم ا			
	Donated services and use of facilities				
b	• • • • • • • • • • • • • • • • • • • •				
C					
d	,	· · · · · · · · · · · · · · · · · · ·		0-	0.
	J			2e 3	934,749.
3	Subtract line 2e from line 1			3	754,747.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	اما			
	, , , , , , , , , , , , , , , , , , , ,				
	Other (Describe in Part XIII.)	40			
				4.	0
	Add lines 4a and 4b			4c	934 749
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			4c 5	0. 934,749.
5 Paı	Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, lin</i> rt XIII Supplemental Information.	e 18.)		5	934,749.
5 Pai Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.)nd 4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	934,749.
5 Pai Provi	Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, lin</i> rt XIII Supplemental Information.	e 18.)nd 4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	934,749.
5 Pai Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.)nd 4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	934,749.
5 Pai Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.)nd 4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	934,749.
5 Pai Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.)nd 4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	934,749.
Pai Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.)nd 4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	934,749.
Pai Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e 18.)nd 4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	934,749.
Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e 18.)nd 4; Part IV, lines 1b a le any additional informa	nd 2b; Part V, line 4	5	934,749.
Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete the complet	e 18.)nd 4; Part IV, lines 1b a le any additional informa	nd 2b; Part V, line 4	5	934 , 749 . X, line 2; Part XI,
Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete the complet	e 18.)nd 4; Part IV, lines 1b a le any additional informa	nd 2b; Part V, line 4	5	934 , 749 . X, line 2; Part XI,
Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete the complet	e 18.)nd 4; Part IV, lines 1b a le any additional informa	nd 2b; Part V, line 4	5	934 , 749 . X, line 2; Part XI,
Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete the complet	e 18.)nd 4; Part IV, lines 1b a le any additional informa	nd 2b; Part V, line 4	5	934 , 749 . X, line 2; Part XI,
Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete the complet	e 18.)nd 4; Part IV, lines 1b a le any additional informa	nd 2b; Part V, line 4	5	934 , 749 . X, line 2; Part XI,
Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete the complet	e 18.)nd 4; Part IV, lines 1b a le any additional informa	nd 2b; Part V, line 4	5	934 , 749 . X, line 2; Part XI,
Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete the complet	e 18.)nd 4; Part IV, lines 1b a le any additional informa	nd 2b; Part V, line 4	5	934 , 749 . X, line 2; Part XI,
Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete the complet	e 18.)nd 4; Part IV, lines 1b a le any additional informa	nd 2b; Part V, line 4	5	934 , 749 . X, line 2; Part XI,
Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete the complet	e 18.)nd 4; Part IV, lines 1b a le any additional informa	nd 2b; Part V, line 4	5	934 , 749 . X, line 2; Part XI,
Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete the complet	e 18.)nd 4; Part IV, lines 1b a le any additional informa	nd 2b; Part V, line 4	5	934 , 749 . X, line 2; Part XI,
Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete the complet	e 18.)nd 4; Part IV, lines 1b a le any additional informa	nd 2b; Part V, line 4	5	934 , 749 . X, line 2; Part XI,
Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete the complet	e 18.)nd 4; Part IV, lines 1b a le any additional informa	nd 2b; Part V, line 4	5	934 , 749 . X, line 2; Part XI,
Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete the complet	e 18.)nd 4; Part IV, lines 1b a le any additional informa	nd 2b; Part V, line 4	5	934 , 749 . X, line 2; Part XI,
Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete the complet	e 18.)nd 4; Part IV, lines 1b a le any additional informa	nd 2b; Part V, line 4	5	934 , 749 . X, line 2; Part XI,

41-2117257 Page 4

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

► Go to www.irs.gov/Form990 for the latest information. Native American Community Development Institute

Employer identification number 41-2117257

Form 990, Part III, Line 1, Description of Organization Mission: respond to 21st century opportunities. NACDI, working from the premise that deficit and poverty-based strategies must be replaced with comprehensive asset-centered strategies, focuses on promoting innovative ideas and cross-sector partnerships that embrace technology, entrepreneurship, and community development. Our mission is to partner with American Indian communities to build and execute 21st century community development strategies. Since its inception, NACDI's work and culture has been based in innovation. Our work is entrepreneurial and asset-based, where our team collaborates both internally and externally to conceptualize ideas, test theories and approaches, and implement projects.

Form 990, Part III, Line 4a, Program Service Accomplishments: When the COVID pandemic caused our Native artists' incomes to drop, NACDI/AMRA prioritized redirecting our resources to ensure artists earned income. We issued a call for artists to make masks to keep our community safer. Artists stepped up, AMRA purchased supplies and distributed, artists made masks and were paid for their work. The masks were distributed where they were most needed and one artistic mask from each artist became an exhibit. NACDI/AMRA was able to hire artists to do other "rapid response" arts projects, like a permanent mural on the nearby Minneapolis American Indian Center. After George Floyd was murdered and the neighborhood lost its grocery

stores in the aftermath, AMRA staff moved artwork to a safe place, and

Employer identification number 41-2117257

several weeks. NACDI/AMRA's space and parking lot and the connected Pow Wow Grounds Coffee Shop was also the important home base for the American Indian Movement Protectors who patrolled the AICC each night to keep it safe, incorporating Native music, art, and culture. This is an example of utilizing our Gallery for much needed community space. Once the pop up food shelf found a home elsewhere, AMRA returned to being a Gallery where the third installation of Bring Her Home was exhibited in late 2020. Because of COVID restrictions, we posted the exhibition online. We hosted conversations about the growing issue of Missing and Murdered Indigenous Women along with the artists and community activists.

Form 990, Part VI, Section B, line 11b:

A PDF copy of the 990 is submitted to the Board of Directors at a scheduled board meeting or via e-mail, which the Board then reviews. Upon approval by the Board, the Board Chair signs the 990 and it is submitted for filing.

Form 990, Part VI, Section B, Line 12c:

NACDI staff and Board regularly monitor organizational and fiduciary compliance through policy and procedural meetings as well as through annual policy reviews.

Form 990, Part VI, Section B, Line 15:

The Board of Directors reviews all staff salaries during the annual budgeting process.

Form 990, Part VI, Section C, Line 19:

The Organization makes all governing documents and financial statements

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization Native American Community Development Institute	Employer identification number 41-2117257
available upon request.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Earnings from American Indian Holding Company, LLC	5,256.
Form 990, Part XII, Line 2c:	
No change from prior year.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. Native American Community Development

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Institute 41-2117257 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Legal domicile (state or Direct controlling Primary activity Total income End-of-year assets of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Genera managi partne (5)	al or Percentage
~ -	ownership
5) Yes N	No
_	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b	b)(13) rolled tity?
		country)		,				Yes	No
American Indian Holding Company - 27-2896664									
1404 East Franklin Avenue	Holding Company for								
Minneapolis, MN 55404	Real Estate	MN	N/A						X
	1								
]								
	1								
]								
	1								

Page 2

Schedule R (Form 990) 2020

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Comple	ete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During t	ne tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
b Gift, grant, or capital contribution to related organization(s)							
c Gift, grant, or capital contribution from related organization(s)							
d Loans o	loan guarantees to or for related organization(s)				1d		Х
e Loans o	loan guarantees by related organization(s)				1e		Х
f Dividend	s from related organization(s)				1f		X
g Sale of a	ssets to related organization(s)				1g		Х
h Purchas	e of assets from related organization(s)				1h		Х
i Exchanç	e of assets with related organization(s)				1i		Х
j Lease of	facilities, equipment, or other assets to related organization(s)				1j		Х
k Lease of	facilities, equipment, or other assets from related organization(s)				1k	Х	
	ance of services or membership or fundraising solicitations for related orga				11		Х
m Perform	ance of services or membership or fundraising solicitations by related orga	nization(s)			1m		Х
n Sharing	of facilities, equipment, mailing lists, or other assets with related organizati	ion(s)			1n		Х
	of paid employees with related organization(s)				10		Х
p Reimbur	sement paid to related organization(s) for expenses				1p		Х
	sement paid by related organization(s) for expenses				1q		Х
r Other tra	nsfer of cash or property to related organization(s)				1r		Х
	nsfer of cash or property from related organization(s)				1s		Х
	swer to any of the above is "Yes," see the instructions for information on w						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
₁₎ Ameri	can Indian Holding Company	K	67,596.	Lease agreement			
2)							
3)							
4)							
<u>")</u>							
5)							
-,							
6)							
0160 10 00 00			-	Schedule F	3 (Forr	n 990	2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k	()
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	l or Percer	ntage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partn	owner owner	rsnip
		Country)	Sections 5 (2-5 (4)	Yes N	o income	assets	Yes	No	(F01111 1065)	Yes I	10	
	1											
	1											
	1											
							1			\vdash		
	_											
										\sqcup		
										\Box		
	1											
	1											
	1											
							\Box			\Box		
	1											
	1											
	1											
					+					+		
	-											
	1											
	1											
				$\perp \perp$					Cabadula			

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

illing or t	nis form, visit www.irs.gov/e-nie-providers/e-nie-for-chan	ues-ariu-r	ion-proms.				
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
All corpo	orations required to file an income tax return other than Fe	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts		
nust us	e Form 7004 to request an extension of time to file incom	e tax retu	rns.				
Type or	e or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN)						
orint	Native American Community 1	Devel	opment				
ila bu tha	Institute				41-211725	57	
File by the due date fo iling your eturn. See	Number, street, and room or suite no. If a P.O. box, s 1414 E Franklin Ave, No. 1	ee instruc	tions.				
nstructions	Minneapolis, MN 55404	_					
Enter the	e Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1	
Applica	tion	Return	Application			Return	
ls For		Code	Is For			Code	
orm 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
orm 99	0-BL	02	Form 1041-A			08	
orm 47	20 (individual)	03	Form 4720 (other than individual)			09	
orm 99	0-PF	04	Form 5227			10	
orm 99	orm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069				11		
orm 99	O-T (trust other than above) The Organization	06	Form 8870			12	
Telep	books are in the care of ► 1414 E Frankling hone No. ► 612-235-4976 organization does not have an office or place of business is for a Group Return, enter the organization's four digit	s in the Ur Group Exe	Fax No. ▶	f this is for	the whole group, c		
JUX -	. If it is for part of the group, check this box	j and alla	ecit a list with the hames and this o	I all IIIeIIID	ers the extension is	101.	
1	equest an automatic 6-month extension of time until	Nove	mber 15, 2021 , to file	e the exem	pt organization retu	ırn for	
	e organization named above. The extension is for the org	anization's	s return for:				
	X calendar year 2020 or						
	tax year beginning	, an	d ending		<u> </u>		
2 If t	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		
	Change in accounting period						
3a If t	Ba If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less						
an	any nonrefundable credits. See instructions.						
b If t	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
es	timated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.	
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	th this form, if required, by				
	using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$						
Caution nstructi	: If you are going to make an electronic funds withdrawal ons.	(direct de	bit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879-EO fo	r payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

December 31, 2020

Prepared for	Native American Community Development Institute 1414 E Franklin Ave No. 1 Minneapolis, MN 55404
Prepared by	Abdo, Eick & Meyers, LLP 5201 Eden Avenue, Suite 250 Edina, MN 55436
Amount due or refund	Balance due of \$25.00
Make check payable to	State of Minnesota
Mail tax return and check (if applicable) to	Minnesota Attorney Generals Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	The report should be signed and dated by the authorized individual(s).
	Include the organization's Federal Employer Identification Number and 2020 Annual Report on the remittance.

Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address:

www.ag.state.mn.us/charity

STATE OF MINNESOTA

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information							
Legal Name of Organization Native American Comm	unity Development						
Federal EIN: 41-2117257	Fiscal Year-End: 12312020 mm/dd/yyyy						
	Did the organization's fiscal year-end change? Yes X No						
Mailing Address: Ed Minnema	Physical Address: Ed Minnema						
Contact Person 1414 E Franklin Ave, No. 1	Contact Person 1414 E Franklin Ave, No. 1						
Street Address Minneapolis, MN 55404	Street Address Minneapolis, MN 55404						
City, State, and ZIP Code 612-235-4976	City, State, and ZIP Code 612-235-4976						
Phone Number eminnema@nacdi.org	Phone Number eminnema@nacdi.org						
Email Address	Email Address						
Organization's website: www.nacdi.org List all of the organization's alternate and former names (attach list if List all names under which the organization solicits contributions (att Native American Community Developm	Alternate Former Alternate Sommer Former arch list if more space is needed).						
NACDI							
4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?	X Yes No						
5. Total amount of contributions the organization received from Minnes	ota donors: \$ 885,780.						
6. Has the organization's tax-exempt status with the IRS changed? Yes X No If yes, attach explanation.							
7. Has the organization significantly changed its purpose(s) or program Yes X No If yes, attach explanation.	(s)?						

8.	Has the organization been denied the right to solicit contributions by any court or government agency? Yes X No If yes, attach explanation.						
9.	Does the organization use the services of a professional fundraiser (outside solicitor or solicit contributions in Minnesota? Yes X No If yes, provide the following information for each (attach list if more space is needed):	provide the following information for each (attach list if more space is needed):					
	Name of Professional Fundraiser	Compensation					
	Street Address	City, State, and ZIP Cod	e				
10.	Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached No Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.						
11.	Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes X No If yes, provide the following information for the five highest paid individuals:						
	Name and title	Compensation*	Other compensation				
10.							

^{*}Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCO	ME	
1.	Contributions Received	\$ 1
2.	Government Grants	\$ 2
3.	Program Service Revenue	\$ 3
4.	Other Revenue	\$ 4
5.	TOTAL INCOME	\$ 5
EXPE	ENSES	
6.	Program Expenses	\$ 6
7.	Management & General Expenses	\$ 7
8.	Fund-raising Expenses	\$ 8
9.	TOTAL EXPENSES	\$ 9
10.	EXCESS or DEFICIT	\$ 10
	(Line 5 minus Line 9)	
ASSE	ETS	
11.	Cash	\$ 11
12.	Land, Buildings & Equipment	\$ 12
13.	Other Assets	\$ 13
14.	TOTAL ASSETS	\$ 14
LIAB	ILITIES	
15.	Accounts Payable	\$ 15
16.	Grants Payable	\$ 16
17.	Other Liabilities	\$ 17
18.	TOTAL LIABILITIES	\$ 18
FUND	D BALANCE/NET WORTH	\$

(Line 14 minus Line 18)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B. C. and D must equal Column A. The amount on Line 25. Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

Colu	mns B, C, and D must equal Column A. The amour	nt on Line 25, Column A		IRS Form 990-EZ or Line	26 of IRS Form 990-PF
		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments				
	and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
	trustees, and key employees				
6.	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1) and				
	persons described in section 4958(c)(3)(B)				
7.	Other salaries and wages				
8.					
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
11.	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services				
	Investment management fees				
	Other				
12.	Advertising and promotion				
13.	Office expenses				
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.	Travel				
18.					
	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
21.					
22.	Depreciation, depletion, and amortization				
23.	Insurance				
24.					
Γ"	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
a.	· · · · ·				
b.			<u> </u>		
C.					
d.			<u> </u>		
25.	Total functional expenses. Add lines 1 through 24d				
26.	Joint costs. Check here if following				
20.	SOP 98-2. Complete this line only if the organi-				
	zation reported in Column B joint costs from a combined educational campaign and				
L	fundraising solicitation				
	runuraising solicitation			1	

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the Executive Director (Title) and Chief Operating Officer (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the Board of Directors (Board of Directors, Trustees, or Managing Group) adopted on the , 20 , approving the contents of the document, and do hereby certify that the Board of Directors (Board of Directors, Trustees, or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge. Robert Lilligren Ed Minnema Name (Print) Name (Print) Signature Signature Executive Director Chief Operating Officer

Date

Date