

Filing Instructions

La Amistad Foundation, Inc.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2020

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990 for the tax year ended 12/31/20 shows no balance due.

Signature: You have previously signed and returned Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization. No further action is required.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2020, or fiscal year beginning, 2020, and ending, 20

**u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.**

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

LA AMISTAD FOUNDATION, INC.

Taxpayer identification number

59-1300982

Name and title of officer or person subject to tax **CARLTON TALLEY, III
CHIEF EXECUTIVE OFF.**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	3,580,041
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **MICHAEL GALLOWAY & COMPANY, P.A.** to enter my PIN **32730** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date } **11/12/21**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59094860784

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **WM. MICHAEL GALLOWAY** Date } **11/12/21**

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2020 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
LA AMISTAD FOUNDATION, INC.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
8400 LA AMISTAD COVE
 City or town, state or province, country, and ZIP or foreign postal code
FERN PARK FL 32730-2900

D Employer identification number
59-1300982

E Telephone number
407-331-7226

G Gross receipts\$ **3,580,041**

F Name and address of principal officer:
CARLTON TALLEY, III
8400 LA AMISTAD COVE
FERN PARK FL 32730-2900

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.LAAMISTAD.ORG** **H(c)** Group exemption number **u** _____

K Form of organization: Corporation Trust Association Other **u** _____ **L** Year of formation: **1970** **M** State of legal domicile: **FL**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LONG-TERM RESIDENTIAL PROGRAM FOR ADULTS WITH CHRONIC MENTAL ILLNESS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	64
	6 Total number of volunteers (estimate if necessary)	6	25
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	305,120	1,166,401
	9 Program service revenue (Part VIII, line 2g)	2,206,572	2,390,610
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,997	15,665
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,249	7,365
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,543,938	3,580,041
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,668
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,716,151	1,911,215
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) u 194,774			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,019,605	1,128,229
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,759,424	3,063,066
19 Revenue less expenses. Subtract line 18 from line 12		-215,486	516,975
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	Beginning of Current Year 6,077,097
	21 Total liabilities (Part X, line 26)	308,183	276,834
	22 Net assets or fund balances. Subtract line 21 from line 20	5,768,914	6,310,231

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.

Sign Here

Signature of officer: **CARLTON TALLEY, III** Date: _____
 Type or print name and title: **CHIEF EXECUTIVE OFF.**

Paid Preparer Use Only

Print/Type preparer's name: **WM. MICHAEL GALLOWAY** Preparer's signature: **WM. MICHAEL GALLOWAY** Date: **11/16/21** Check if self-employed if PTIN **P00286462**

Firm's name: **MICHAEL GALLOWAY & COMPANY, P.A.** Firm's EIN: **55-0810798**
 Firm's address: **2000 TOWN PLAZA CT WINTER SPRINGS, FL 32708** Phone no.: **407-695-1667**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

Input box for Schedule O check

1 Briefly describe the organization's mission:

LONG-TERM RESIDENTIAL PROGRAM FOR ADULTS WITH CHRONIC MENTAL ILLNESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No checkboxes

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 No checkboxes

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 (Code:) (Expenses \$ 2,484,179 including grants of \$ 23,622) (Revenue \$ 2,390,610)

LA AMISTAD FOUNDATION, INC. DOES BUSINESS AS LAKEWOOD CENTER, A 52-BED LONG-TERM RESIDENTIAL TREATMENT PROGRAM FOR ADULTS WITH CHRONIC MENTAL ILLNESS. THE PROGRAM OFFERS 24-HOUR SUPERVISION, CASE MANAGEMENT, GROUP AND INDIVIDUAL THERAPY, VOCATIONAL PROGRAM, FITNESS PROGRAM, RECREATIONAL ACTIVITIES AND MEDICATION SUPERVISION. LA AMISTAD PROVIDED APPROXIMATELY \$214,360 IN FINANCIAL ASSISTANCE/REDUCED FEES FOR RESIDENTS DURING 2020.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses u 2,484,179

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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 64		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

CARLTON TALLEY, III, CEO 8400 LA AMISTAD COVE
FERN PARK

FL 32730-2900 407-331-7226

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARLTON TALLEY, CHIEF EXECUTIVE OFF.	III 40.00 0.00			X				101,389	0	13,716
(2) BRYN AULD TRUSTEE	0.50 0.00	X						0	0	0
(3) HELEN BOOTH TRUSTEE	0.50 0.00	X						0	0	0
(4) TOM DUCHENE TREASURER	0.50 0.00	X		X				0	0	0
(5) LINDY RICH KUYKENDALL TRUSTEE	0.50 0.00	X						0	0	0
(6) LINDA RIMMER CHAIRPERSON	0.50 0.00	X		X				0	0	0
(7) TERESA WILLIAMS TRUSTEE	0.50 0.00	X						0	0	0
(8) BRUCE WOODRUFF SECRETARY	0.50 0.00	X		X				0	0	0
(9)										
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							101,389		13,716	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							101,389		13,716	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	41,200				
	d Related organizations	1d					
	e Government grants (contributions)	1e	394,560				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	730,641				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f	u	1,166,401				
Program Service Revenue	2a RESIDENT FEES	Business Code	2,356,452	2,356,452			
	b TRANSPORTATION SERVICES		16,949	16,949			
	c OTHER		12,709	12,709			
	d APPLICATION FEES		4,500	4,500			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	2,390,610				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	15,665			15,665	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		6b Less: rental expenses					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a					
		b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)	u					
	8a Gross income from fundraising events (not including \$ 41,200 of contributions reported on line 1c). See Part IV, line 18	8a		7,365			
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events	u		7,365				
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions	u		3,580,041	2,390,610	0	15,665	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	23,622	23,622		
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, trustees, and key employees	115,105	40,287	51,797	23,021
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	1,460,844	1,206,727	157,633	96,484
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,781	65,036	7,127	4,618
9 Other employee benefits	156,415	126,496	18,826	11,093
10 Payroll taxes	102,070	81,161	13,280	7,629
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	26,834		26,834	
d Lobbying				
e 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 Schedule O.)	46,334	45,071		1,263
12 Advertising and promotion	85,587	41,764		43,823
13 Office expenses	35,698	17,849	17,849	
14 Information technology	3,473	3,473		
15 Royalties				
16 Occupancy	304,698	281,536	23,162	
17 Travel	14,432	10,552	3,880	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,115	7,292	1,823	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	183,059	156,891	22,114	4,054
23 Insurance	139,444	119,922	16,733	2,789
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 O.)				
a FOOD EXPENSES	150,890	135,801	15,089	
b MAINTENANCE	105,739	102,567	3,172	
c RESIDENT RECREATION	12,110	12,110		
d LINEN SERVICE	4,053	4,053		
e All other expenses	6,763	1,969	4,794	
25 Total functional expenses. Add lines 1 through 24e	3,063,066	2,484,179	384,113	194,774
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	316,917	1	269,114
	2	Savings and temporary cash investments	1,760,435	2	2,454,517
	3	Pledges and grants receivable, net	53,000	3	19,201
	4	Accounts receivable, net	4,842	4	32,995
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	100,836	9	120,254
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	6,908,461		
		b Less: accumulated depreciation	3,467,279	10b	
			3,617,096	10c	3,441,182
	11	Investments—publicly traded securities	209,321	11	10,178
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	224,974
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	14,650	15	14,650	
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,077,097	16	6,587,065	
Liabilities	17	Accounts payable and accrued expenses	22,724	17	25,736
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	161,790	21	176,802
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	123,669	25	74,296
	26	Total liabilities. Add lines 17 through 25	308,183	26	276,834
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	5,564,124	27	6,150,153
	28	Net assets with donor restrictions	204,790	28	160,078
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	5,768,914	32	6,310,231
33	Total liabilities and net assets/fund balances	6,077,097	33	6,587,065	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,580,041
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,063,066
3	Revenue less expenses. Subtract line 2 from line 1	3	516,975
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,768,914
5	Net unrealized gains (losses) on investments	5	24,342
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,310,231

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Federal Statements

Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

		Property Type								
			<u>Date</u>	<u>Business %</u>	<u>Cost</u>	<u>Depr Basis</u>	<u>Period</u>	<u>Method</u>	<u>Deduction</u>	<u>Section 179</u>
2002	EZ GO GOLF CART	1491352	12/21/04	100.00	\$ 2,309	\$ 1,154	5.0	200DBHY	\$	\$
2007	DODGE VAN		11/22/06	100.00	14,979	14,979	5.0	200DBHY		
2007	DODGE RAM ...62591		1/25/07	100.00	17,676	17,676	5.0	200DBHY		
2009	FORD FUSION		1/12/09	100.00	18,059	9,030	5.0	200DBHY		
2013	FORD ECONOLINE E250		3/31/14	100.00	21,933	10,967	5.0	200DBHY		
2016	FORD FUSION S ...398429		1/10/17	100.00	20,897	10,448	5.0	200DBHY	1,344	
TOTAL					\$ 95,853	\$ 64,254			\$ 1,344	\$ 0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization LA AMISTAD FOUNDATION, INC.	Employer identification number 59-1300982
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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).**
- 4 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:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 9 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.
 - a **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.**
 - 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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar 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.")	503,584	524,330	275,558	305,120	1,166,401	2,774,993
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,616,638	2,666,500	2,437,392	2,206,572	2,397,975	12,325,077
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,120,222	3,190,830	2,712,950	2,511,692	3,564,376	15,100,070
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	657,115	609,117	355,874	592,509	1,081,101	3,295,716
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	883,149	942,665	951,822	863,905	811,085	4,452,626
c Add lines 7a and 7b	1,540,264	1,551,782	1,307,696	1,456,414	1,892,186	7,748,342
8 Public support. (Subtract line 7c from line 6.)						7,351,728

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	3,120,222	3,190,830	2,712,950	2,511,692	3,564,376	15,100,070
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,966	13,884	18,265	21,997	15,665	77,777
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	7,966	13,884	18,265	21,997	15,665	77,777
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				9,249		9,249
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.)	3,128,188	3,204,714	2,731,215	2,542,938	3,580,041	15,187,096

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))	15	48.41 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	50.36 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 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

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

- | | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described in line 11a above? | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |

Section 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? <i>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.</i> | | |
| 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? <i>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.</i> | | |

Section 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)? <i>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).</i> | | |

Section 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? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

- | | | |
|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i> | |
| b | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i> | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | |

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 must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations <i>(continued)</i>			
Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)		
6	Other distributions (<i>describe in Part VI</i>). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.		
9	Distributable amount for 2020 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		
Section E – Distribution Allocations (see instructions)			
	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 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: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule of Contributors

2020

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

LA AMISTAD FOUNDATION, INC.

59-1300982

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

Employer identification number

LA AMISTAD FOUNDATION, INC.

59-1300982

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
1	\$ 60,015	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 62,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 72,053	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 7,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

LA AMISTAD FOUNDATION, INC.

59-1300982

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	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	\$ 400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	\$ 37,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	\$ 19,201	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

LA AMISTAD FOUNDATION, INC.

59-1300982

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
13	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

LA AMISTAD FOUNDATION, INC.

59-1300982

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	104,390	104,390	104,390	104,390	104,390
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	104,390	104,390	104,390	104,390	104,390

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** %
 - b** Permanent endowment **u** **100.00** %
 - c** Term endowment **u** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|----------|----------|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		310,540		310,540
b Buildings		6,484,930	3,370,876	3,114,054
c Leasehold improvements				
d Equipment		112,991	96,403	16,588
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				3,441,182

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on 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 or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) ACCRUED PTO	40,006
(3) ACCRUED PAYROLL	17,982
(4) ACCRUED EXPENSES	16,308
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 74,296

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,604,385
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	24,344	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	24,344
3	Subtract line 2e from line 1		3	3,580,041
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,580,041

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,063,066
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,063,066
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,063,066

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

ORGANIZATION MAINTAINS PROGRAM SERVICE REFUNDABLE DEPOSITS AND ALSO MAINTAINS PROGRAM SERVICE RESIDENT FUNDS UPON REQUEST OF PARENTS AND/OR GUARDIANS. ALL ARE RETURNED TO RESIDENTS UPON TERMINATION OF RESIDENCY.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ENDOWMENT FUND IS TO BE HELD IN PERPETUITY WITH THE INCOME AVAILABLE FOR OPERATIONS SUBJECT TO THE ENDOWMENT FUND EARNINGS.

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

LA AMISTAD FOUNDATION, INC.

Employer identification number

59-1300982

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 TENNIS TOURNAME <small>(event type)</small>	(b) Event #2 <small>(event type)</small>	(c) Other events NONE <small>(total number)</small>	(d) Total events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	48,565		48,565
	2 Less: Contributions	41,200		41,200
	3 Gross income (line 1 minus line 2)	7,365		7,365
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses			
	10 Direct expense summary. Add lines 4 through 9 in column (d)			
11 Net income summary. Subtract line 10 from line 3, column (d)				7,365

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

LA AMISTAD FOUNDATION, INC.

Employer identification number

59-1300982

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3** Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2020)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

u Attach to Form 990 or 990-EZ.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

LA AMISTAD FOUNDATION, INC.

Employer identification number

59-1300982

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
BOARD MEMBERS REVIEW FORM 990 IN A BOARD MEETING PRIOR TO FILING THE
RETURN.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
EACH BOARD MEMBER PROVIDES A SIGNED STATEMENT ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
EACH BOARD MEMBER COMPLETES AN ANNUAL EVALUATION FORM ON THE CEO'S
PERFORMANCE. OUTCOME IS DISCUSSED BY THE BOARD MEMBERS (FACILITATED BY THE
CHAIRMAN) AND COMPENSATION IS DETERMINED BY THE BOARD BASED ON THE ANNUAL
EVALUATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THERE ARE NO COMPENSATED OFFICERS AND NO OTHER KEY EMPLOYEES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST IN COMPLIANCE
WITH IRS REQUIREMENTS.

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return LA AMISTAD FOUNDATION, INC.	Identifying number 59-1300982
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Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,040,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	7,145
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2020	17	158,679
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	1,344
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	167,168
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions									25		
26 Property used more than 50% in a qualified business use:											
SEE STATEMENT 1											
		%	95,853	64,254				1,344			
27 Property used 50% or less in a qualified business use:											
		%					S/L-				
		%					S/L-				
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1									28	1,344	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1										29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year (see instructions):					
43 Amortization of costs that began before your 2020 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
5-year GDS Property:											
141	Golf Cart	12/09/20	7,145			X	0	5	MQ200DB	0	7,145
			<u>7,145</u>				<u>0</u>			<u>0</u>	<u>7,145</u>
Prior MACRS:											
4	Retaining Wall	5/30/02	13,900			X	9,730	10	HY 200DB	13,900	0
5	Partial New Road Work	7/01/05	5,694				5,694	15	HY 150DB	5,526	168
6	New Road	3/01/06	12,082				12,082	15	HY 150DB	11,012	713
7	Submersible Pump for Pond	3/08/06	1,500				1,500	10	HY 200DB	1,500	0
8	Lakewood Campus Sidewalk	8/21/06	1,783				1,783	15	HY 150DB	1,625	105
9	New Road To Cypress and Blacktop	1/31/07	11,043				11,043	15	HY 150DB	9,413	652
10	Boat Dock and Lift	6/29/07	35,445				35,445	15	HY 150DB	30,213	2,093
11	Curbing - Dorms	3/25/11	2,789			X	0	15	HY 150DB	2,789	0
12	Sod - New Dorms	4/21/11	11,416			X	0	15	HY 150DB	11,416	0
13	Swimming Pool	8/14/00	679				679	15	HY 150DB	679	0
14	Plans/Survey/Apps/Pool	6/04/01	9,206				9,206	15	HY 150DB	9,206	0
15	Screen/Bathrooms	6/30/02	72,878			X	51,015	15	HY 150DB	72,878	0
16	Pool Heater	5/21/12	3,700			X	1,850	7	HY 200DB	3,700	0
17	Lakewood Property	9/30/88	596,063				596,063	31	MMS/L	592,120	3,943
18	Refurbishments	9/30/88	2,390				2,390	20	HY 150DB	2,390	0
19	Building Improvements	6/30/89	129,697				129,697	20	HY 150DB	129,697	0
20	Plans and Surveys	12/31/89	12,575				12,575	20	HY 150DB	12,575	0
21	Recreation Room Addition	8/01/90	3,475				3,475	15	HY 150DB	3,475	0
22	Re-Plumbing Facilities	8/01/90	1,681				1,681	15	HY 150DB	1,681	0
23	Electric Meter	1/10/91	1,600				1,600	15	HY 150DB	1,600	0
24	Roads & Walkways	8/09/91	17,288				17,288	15	HY 150DB	17,288	0
25	Grounds and Walks	6/30/92	5,126				5,126	10	HY 200DB	5,126	0
26	Tub Enclosure Remodel	7/14/98	1,970				1,970	15	HY 150DB	1,970	0
27	Siding Installation	1/12/03	1,420				1,420	20	HY 150DB	1,198	64
28	Gazebo	8/31/06	3,395				3,395	7	HY 200DB	3,395	0
29	Health Ctr/Admin Building	12/31/10	854,974				854,974	39	MMS/L	198,215	21,923
30	Shutters - Health Ctr/Admin	12/31/10	17,600				17,600	15	HY 150DB	11,884	1,039
31	Sprinkler System around Health Ctr/admin	12/31/10	8,066			X	0	10	HY 200DB	8,066	0
32	Health Ctr/Admin 2011 Costs	1/11/11	10,801				10,801	39	MMS/L	2,481	277
33	Shutters - Health ctr/admin	1/17/11	9,600			X	0	7	HY 200DB	9,600	0
34	Daikin 8ton compressor + evap coil	5/01/17	6,993			X	3,496	7	HY 200DB	5,464	437
35	8 ton daikin VRV Heat Pump 10 yr Warrant	10/10/17	11,991			X	0	7	HY 200DB	11,991	0
36	The Willows	3/31/92	169,353				169,353	31	MMS/L	149,416	5,376
37	Willows # 2 Sidewalk	5/18/03	356			X	178	20	HY 150DB	328	8
38	Willows # 2 Bathroom Renovation	8/01/03	3,219				3,219	20	HY 150DB	2,716	144
39	Tile Installation Willows	2/04/11	1,540				1,540	10	HY 200DB	1,388	101
40	Four 2 Ton Heat Pumps	11/21/13	26,550			X	13,275	10	HY 200DB	23,505	870
41	WPC - Facade/Sliding/Roof/Electric	2/12/15	100,000			X	50,000	20	HY 150DB	64,768	2,642
42	Architect - Reno - Slocum	2/12/15	4,500			X	2,250	7	HY 200DB	3,998	201
43	White Railing as par of renov	3/01/15	3,201			X	1,600	15	HY 150DB	2,203	100
44	Tile in Cali's	3/23/15	7,228			X	3,614	10	HY 200DB	5,896	266
45	Blinds	9/15/16	6,905			X	3,452	10	HY 200DB	5,314	318
46	Buildings - MacDonald	1/31/97	257,538				257,538	39	MMS/L	151,606	6,604
47	2 Ton Air Handler - Magnolia	3/14/08	2,800			X	1,400	7	HY 200DB	2,800	0
48	Quad - Ginsberk	12/31/04	351,439				351,439	39	MMS/L	135,544	9,012
49	The Palms Building	6/30/95	379,959				379,959	39	MMS/L	239,098	9,743
50	Palms - Outdoor Tanks (Herrell Plumbing)	1/16/09	2,067			X	1,033	10	HY 200DB	2,067	0
51	Tile	11/23/12	5,145			X	2,572	10	HY 200DB	4,724	168
52	Shutters - Palms	9/02/14	2,800			X	1,400	10	HY 200DB	2,387	92
53	WPC - Facade/Siding/Stucco/Electric	2/12/15	44,005				44,005	20	HY 150DB	12,997	2,326
54	Design for Reno/Slocum	2/12/15	2,000				2,000	20	HY 150DB	591	105
55	Pavilion - Final Draw	10/25/11	19,959			X	0	15	HY 150DB	19,959	0
56	Electrical - Pavilion	2/23/12	1,785			X	892	15	HY 150DB	1,390	52
57	Carpet - 8366 Recreation Center	4/16/13	3,850			X	1,925	5	HY 200DB	3,850	0
58	Kitchen/Dining Building	2/15/17	952,186				952,186	39	MMS/L	70,193	24,415
59	Landscape - Kitchen Facility	2/15/17	11,437			X	5,719	10	HY 200DB	8,143	659
60	#1 Generator for Kitchen	2/15/17	18,227			X	9,113	10	HY 200DB	12,978	1,050
61	#2 - HVAC 12.5Ton/11SEER	2/15/17	3,385			X	1,692	10	HY 200DB	2,410	195
62	#3,4A,4B HVAC 12.5 Tonm AC Air Handl	2/15/17	3,044			X	1,522	10	HY 200DB	2,167	176
63	#4+5 HVAC 16C Comfort AC	2/15/17	2,987			X	1,493	7	HY 200DB	2,334	186
64	#6+7 3/4Ton 19SEER 2 stage split system	2/15/17	1,098			X	549	10	HY 200DB	782	63
65	#8 IceMAker KM340MAH Kitchen	2/15/17	2,326			X	1,163	10	HY 200DB	1,656	134
66	#9 WaterHeater Kitchen/Dining	2/15/17	5,035			X	2,518	10	HY 200DB	3,585	290
67	#10 Fire Alarm Panel	2/15/17	2,500			X	1,250	15	HY 150DB	1,538	96

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
68	#11 - Exhaust Fan	2/15/17	6,159			X	3,079	10	HY 200DB	4,385	355
69	#12 - Fire Suppression System	2/15/17	3,655			X	1,827	10	HY 200DB	2,602	211
70	#13 - Fan, Exhaust, Upblast	2/15/17	1,637			X	818	10	HY 200DB	1,166	94
71	#14 - Fan Conditioned Supply	2/15/17	7,066			X	3,533	10	HY 200DB	5,031	407
72	#16 - Oven Steamer/Combo/Broilerless	2/15/17	5,085			X	2,542	10	HY 200DB	3,621	292
73	#17 - Convection Oven, Gas SCO-GS-20S	2/15/17	4,594			X	2,297	10	HY 200DB	3,271	265
74	#18 - Restaurant Range, Gas, 6Burner	2/15/17	8,691			X	4,345	7	HY 200DB	6,791	543
75	#19 - Horizon HRP1-IHS Refrigerator	2/15/17	3,549			X	1,774	15	HY 150DB	2,184	136
76	#20 - Work Table T24120SEB-BS	2/15/17	1,720			X	860	15	HY 150DB	1,058	66
77	#21/21a Worktable/Mod/Underfreezer	2/15/17	3,940			X	1,970	15	HY 150DB	2,424	152
78	#23 - Ice Maker, BinS923, Filter	2/15/17	3,795			X	1,897	10	HY 200DB	2,702	219
79	#24 - Wall mount shelf WS12120-16/3	2/15/17	3,861			X	1,930	7	HY 200DB	3,017	241
80	#26 - 30QT Mixer 1-1/4hp SP20	2/15/17	2,593			X	1,296	10	HY 200DB	1,846	150
81	#28 - Installed Walk-in Freezer	2/15/17	24,176			X	12,088	15	HY 150DB	14,874	930
82	#30 - Sink/Scullery/Compartments	2/15/17	1,589			X	794	10	HY 200DB	1,131	92
83	#31 - "L" Shape Dishtable	2/15/17	2,680			X	1,340	10	HY 200DB	1,908	155
84	#33 - Hood/Condensate/Ventless	2/15/17	1,638			X	819	10	HY 200DB	1,166	95
85	#34 - Tompstar Warewasher, High Temp	2/15/17	7,190			X	3,595	7	HY 200DB	5,618	449
86	#35 - Flat Top Buffet Model DCS2-STU	2/15/17	3,464			X	1,732	10	HY 200DB	2,466	200
87	#36 - Cold Food Station Buffet DDSC4-CFI	2/15/17	4,979			X	2,489	10	HY 200DB	3,545	287
88	#37 - Flat Top Buffet DCS2-STU	2/15/17	3,464			X	1,732	10	HY 200DB	2,466	200
89	#38 - Hot Food Buffet DCS4-HFU-B	2/15/17	4,644			X	2,322	10	HY 200DB	3,307	267
90	#40 - Ice/Water Dispenser S-150	2/15/17	2,569			X	1,284	10	HY 200DB	1,829	148
91	#41 - Buffet Shield BSI-HT4-IL	2/15/17	1,505			X	753	10	HY 200DB	1,072	86
92	260 small items less than \$1,500 each	2/15/17	37,326			X	18,663	10	HY 200DB	26,576	2,150
93	17 small items < \$1,500 each	2/15/17	13,415			X	6,708	10	HY 200DB	9,551	773
94	Dorms (3 Buildings)	12/31/10	955,976				955,976	39	MMS/L	221,631	24,512
95	Dorms 2011 Costs	2/16/11	335,823				335,823	39	MMS/L	76,421	8,611
96	Shutters - Dorms 24W/4 Panels	3/11/11	20,461			X	0	15	HY 150DB	20,461	0
97	Otte Cottage Construction Cost	5/26/09	98,827				98,827	39	MMS/L	26,924	2,534
98	Activity Center Renovations	2/20/03	8,241			X	5,769	20	HY 150DB	7,341	257
99	Tile & Installation	3/02/10	4,273			X	2,136	15	HY 150DB	3,579	126
100	Shutters	4/20/10	3,651			X	1,825	10	HY 200DB	3,591	60
101	Activity Center Renovation WPC	6/30/10	25,000				25,000	20	HY 150DB	13,289	1,115
102	The Oaks	10/15/91	153,055				153,055	31	MMS/L	137,061	4,859
103	Bldg Impr. Siding on Oak	6/20/01	8,983				8,983	15	HY 150DB	8,983	0
104	1.5 Ton Heat Pump - Oaks 108	6/30/08	2,000			X	1,000	7	HY 200DB	2,000	0
105	Shutters - Oaks	9/02/14	2,800			X	1,400	10	HY 200DB	2,387	92
106	White Exterior Railings	2/04/15	5,335			X	2,667	15	HY 150DB	3,672	167
107	WPC - Update/Facade/Siding/Electric	2/12/15	100,000			X	50,000	20	HY 150DB	64,768	2,642
108	Architect - Reno - Slocum	2/12/15	4,500			X	2,250	20	HY 150DB	2,915	118
109	CW Education & Found Bldg	6/30/95	253,306				253,306	39	MMS/L	159,399	6,495
110	10 Ton Condensor	6/04/15	4,800			X	2,400	7	HY 200DB	4,265	214
111	AC Unit Education Center	6/15/16	5,550			X	2,775	10	HY 200DB	4,271	256
112	5 Ton AC Indoor SN1612037454	3/28/17	5,350			X	2,675	10	HY 200DB	3,809	308
116	Pontoon Boat - Used Donated	12/21/07	10,000				10,000	5	HY 200DB	10,000	0
120	Fitness Equipment	12/11/01	6,259			X	4,381	7	HY 200DB	6,259	0
121	Fitness Equipment	1/29/02	6,259			X	4,381	7	HY 200DB	6,259	0
122	Golf Cart	9/27/02	2,709			X	1,896	5	HY 200DB	2,709	0
123	Toshiba CTX 100 Digital	2/18/03	10,020			X	7,014	5	HY 200DB	10,020	0
124	Exercise Equipment	4/25/04	1,268			X	634	7	HY 200DB	1,268	0
125	Generator	8/31/04	1,799			X	899	7	HY 200DB	1,799	0
126	Two Generators	8/31/04	3,200			X	1,600	7	HY 200DB	3,200	0
127	Two Electronic Defibrillators	5/06/05	2,990				2,990	5	HY 200DB	2,990	0
129	Shutters Education Ctr	4/05/07	2,169				2,169	7	HY 200DB	2,169	0
130	Furniture - Otte Cottage	10/08/07	3,769				3,769	7	HY 200DB	3,769	0
131	Snack Vending Machine	11/04/08	2,500			X	1,250	5	HY 200DB	2,500	0
132	Big Screen TV	5/01/09	1,726			X	863	5	HY 200DB	1,726	0
133	Office Furn - Admin/Health Ctr	5/31/11	22,227			X	0	7	HY 200DB	22,227	0
134	Alarm Monitor System - Dorms	6/10/11	3,861			X	0	7	HY 200DB	3,861	0
135	Large Screen TV for Rec Theatre	6/19/13	1,900			X	950	5	HY 200DB	1,900	0
136	Theatre Chairs (IKEA)	11/18/14	2,084			X	1,042	7	HY 200DB	1,945	93
137	2 Copiers	10/02/15	8,196			X	4,098	7	HY 200DB	7,282	365
138	Generator - Fitness Center	9/19/18	13,320			X	0	15	HY 150DB	13,320	0
139	Generator - Education Building	12/17/18	19,751			X	0	15	HY 150DB	19,751	0
140	#42 - Buffet Shield	2/15/17	1,505			X	753	10	HY 200DB	1,072	86
			<u>6,567,671</u>				<u>6,110,470</u>			<u>3,144,804</u>	<u>158,679</u>

Other Depreciation:

1	Lakewood Property	9/30/88	111,188				111,188	0	-- Land	0	0
2	Lakewood Expansion	10/15/95	75,000				75,000	0	-- Land	0	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
3	Land & MacDonald Prop	1/31/97	28,615			28,615	0 -- Land	0	0
128	1926 Steinway Baby Grand Piano	5/31/05	23,000			23,000	7 -- Memo	0	0
Total Other Depreciation			<u>237,803</u>			<u>237,803</u>		<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>237,803</u>			<u>237,803</u>		<u>0</u>	<u>0</u>
Listed Property:									
113	2002 EZ GO Golf Cart 1491352	12/21/04	2,309		X	1,154	5 HY 200DB	2,309	0
114	2007 Dodge Van	11/22/06	14,979			14,979	5 HY 200DB	14,979	0
115	2007 Dodge Ram ...62591	1/25/07	17,676			17,676	5 HY 200DB	17,676	0
117	2009 Ford Fusion	1/12/09	18,059		X	9,030	5 HY 200DB	18,059	0
118	2013 Ford Econoline E250	3/31/14	21,933		X	10,967	5 HY 200DB	21,933	0
119	2016 Ford Fusion S ...398429	1/10/17	20,897		X	10,448	5 HY 200DB	17,536	1,344
			<u>95,853</u>			<u>64,254</u>		<u>92,492</u>	<u>1,344</u>
Grand Totals			6,908,472			6,412,527		3,237,296	167,168
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>6,908,472</u>			<u>6,412,527</u>		<u>3,237,296</u>	<u>167,168</u>

FL Asset Report

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Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
5-year GDS Property:								
141	Golf Cart	12/09/20	7,145	0	0	7,145	7,145	0
			<u>7,145</u>	<u>0</u>	<u>0</u>	<u>7,145</u>	<u>7,145</u>	<u>0</u>
Prior MACRS:								
4	Retaining Wall	5/30/02	13,900	9,730	13,900	0	0	0
5	Partial New Road Work	7/01/05	5,694	5,694	5,526	168	168	0
6	New Road	3/01/06	12,082	12,082	11,012	713	713	0
7	Submersible Pump for Pond	3/08/06	1,500	1,500	1,500	0	0	0
8	Lakewood Campus Sidewalk	8/21/06	1,783	1,783	1,625	105	105	0
9	New Road To Cypress and Blacktop	1/31/07	11,043	11,043	9,413	652	652	0
10	Boat Dock and Lift	6/29/07	35,445	35,445	30,213	2,093	2,093	0
11	Curbing - Dorms	3/25/11	2,789	0	2,789	0	0	0
12	Sod - New Dorms	4/21/11	11,416	0	11,416	0	0	0
13	Swimming Pool	8/14/00	679	679	679	0	0	0
14	Plans/Survey/Apps/Pool	6/04/01	9,206	9,206	9,206	0	0	0
15	Screen/Bathrooms	6/30/02	72,878	51,015	72,878	0	0	0
16	Pool Heater	5/21/12	3,700	1,850	3,700	0	0	0
17	Lakewood Property	9/30/88	596,063	596,063	592,120	3,943	3,943	0
18	Refurbishments	9/30/88	2,390	2,390	2,390	0	0	0
19	Building Improvements	6/30/89	129,697	129,697	129,697	0	0	0
20	Plans and Surveys	12/31/89	12,575	12,575	12,575	0	0	0
21	Recreation Room Addition	8/01/90	3,475	3,475	3,475	0	0	0
22	Re-Plumbing Facilities	8/01/90	1,681	1,681	1,681	0	0	0
23	Electric Meter	1/10/91	1,600	1,600	1,600	0	0	0
24	Roads & Walkways	8/09/91	17,288	17,288	17,288	0	0	0
25	Grounds and Walks	6/30/92	5,126	5,126	5,126	0	0	0
26	Tub Enclosure Remodel	7/14/98	1,970	1,970	1,970	0	0	0
27	Siding Installation	1/12/03	1,420	1,420	1,198	64	64	0
28	Gazebo	8/31/06	3,395	3,395	3,395	0	0	0
29	Health Ctr/Admin Building	12/31/10	854,974	854,974	198,215	21,923	21,923	0
30	Shutters - Health Ctr/Admin	12/31/10	17,600	17,600	11,884	1,039	1,039	0
31	Sprinkler System around Health Ctr/admin	12/31/10	8,066	0	8,066	0	0	0
32	Health Ctr/Admin 2011 Costs	1/11/11	10,801	10,801	2,481	277	277	0
33	Shutters - Health ctr/admin	1/17/11	9,600	0	9,600	0	0	0
34	Daikin 8ton compressor + evap coil	5/01/17	6,993	3,496	5,464	437	437	0
35	8 ton daikin VRV Heat Pump 10 yr Warrant	10/10/17	11,991	0	11,991	0	0	0
36	The Willows	3/31/92	169,353	169,353	149,416	5,376	5,376	0
37	Willows # 2 Sidewalk	5/18/03	356	178	328	8	8	0
38	Willows # 2 Bathroom Renovation	8/01/03	3,219	3,219	2,716	144	144	0
39	Tile Installation Willows	2/04/11	1,540	1,540	1,388	101	101	0
40	Four 2 Ton Heat Pumps	11/21/13	26,550	13,275	23,505	870	870	0
41	WPC - Facade/Sliding/Roof/Electric	2/12/15	100,000	50,000	64,768	2,642	2,642	0
42	Architect - Reno - Slocum	2/12/15	4,500	2,250	3,998	201	201	0
43	White Railing as par of renov	3/01/15	3,201	1,600	2,203	100	100	0
44	Tile in Cali's	3/23/15	7,228	3,614	5,896	266	266	0
45	Blinds	9/15/16	6,905	3,452	5,314	318	318	0
46	Buildings - MacDonald	1/31/97	257,538	257,538	151,606	6,604	6,604	0
47	2 Ton Air Handler - Magnolia	3/14/08	2,800	1,400	2,800	0	0	0
48	Quad - Ginsberk	12/31/04	351,439	351,439	135,544	9,012	9,012	0
49	The Palms Building	6/30/95	379,959	379,959	239,098	9,743	9,743	0
50	Palms - Outdoor Tanks (Herrell Plumbing)	1/16/09	2,067	1,033	2,067	0	0	0
51	Tile	11/23/12	5,145	2,572	4,724	168	168	0
52	Shutters - Palms	9/02/14	2,800	1,400	2,387	92	92	0
53	WPC - Facade/Siding/Stucco/Electric	2/12/15	44,005	44,005	12,997	2,326	2,326	0
54	Design for Reno/Slocum	2/12/15	2,000	2,000	591	105	105	0
55	Pavilion - Final Draw	10/25/11	19,959	0	19,959	0	0	0
56	Electrical - Pavilion	2/23/12	1,785	892	1,390	52	52	0
57	Carpet - 8366 Recreation Center	4/16/13	3,850	1,925	3,850	0	0	0
58	Kitchen/Dining Building	2/15/17	952,186	952,186	70,193	24,415	24,415	0
59	Landscape - Kitchen Facility	2/15/17	11,437	5,719	8,143	659	659	0
60	#1 Generator for Kitchen	2/15/17	18,227	9,113	12,978	1,050	1,050	0
61	#2 - HVAC 12.5Ton/11SEER	2/15/17	3,385	1,692	2,410	195	195	0
62	#3,4A,4B HVAC 12.5 Tonm AC Air Handl	2/15/17	3,044	1,522	2,167	176	176	0
63	#4+5 HVAC 16C Comfort AC	2/15/17	2,987	1,493	2,334	186	186	0
64	#6+7 3/4Ton 19SEER 2 stage split system	2/15/17	1,098	549	782	63	63	0
65	#8 IceMAker KM340MAH Kitchen	2/15/17	2,326	1,163	1,656	134	134	0
66	#9 WaterHeater Kitchen/Dining	2/15/17	5,035	2,518	3,585	290	290	0
67	#10 Fire Alarm Panel	2/15/17	2,500	1,250	1,538	96	96	0

FL Asset Report

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Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
68	#11 - Exhaust Fan	2/15/17	6,159	3,079	4,385	355	355	0
69	#12 - Fire Suppression System	2/15/17	3,655	1,827	2,602	211	211	0
70	#13 - Fan, Exhaust, Upblast	2/15/17	1,637	818	1,166	94	94	0
71	#14 - Fan Conditioned Supply	2/15/17	7,066	3,533	5,031	407	407	0
72	#16 - Oven Steamer/Combo/Broilerless	2/15/17	5,085	2,542	3,621	292	292	0
73	#17 - Convection Oven, Gas SCO-GS-20S	2/15/17	4,594	2,297	3,271	265	265	0
74	#18 - Restaurant Range, Gas, 6Burner	2/15/17	8,691	4,345	6,791	543	543	0
75	#19 - Horizon HRP1-IHS Refrigerator	2/15/17	3,549	1,774	2,184	136	136	0
76	#20 - Work Table T24120SEB-BS	2/15/17	1,720	860	1,058	66	66	0
77	#21/21a Worktable/Mod/Underfreezer	2/15/17	3,940	1,970	2,424	152	152	0
78	#23 - Ice Maker, BinS923, Filter	2/15/17	3,795	1,897	2,702	219	219	0
79	#24 - Wall mount shelf WS12120-16/3	2/15/17	3,861	1,930	3,017	241	241	0
80	#26 - 30QT Mixer 1-1/4hp SP20	2/15/17	2,593	1,296	1,846	150	150	0
81	#28 - Installed Walk-in Freezer	2/15/17	24,176	12,088	14,874	930	930	0
82	#30 - Sink/Scullery/Compartments	2/15/17	1,589	794	1,131	92	92	0
83	#31 - "L" Shape Dishtable	2/15/17	2,680	1,340	1,908	155	155	0
84	#33 - Hood/Condensate/Ventless	2/15/17	1,638	819	1,166	95	95	0
85	#34 - Tompstar Warewasher, High Temp	2/15/17	7,190	3,595	5,618	449	449	0
86	#35 - Flat Top Buffet Model DCS2-STU	2/15/17	3,464	1,732	2,466	200	200	0
87	#36 - Cold Food Station Buffet DDCS4-CFI	2/15/17	4,979	2,489	3,545	287	287	0
88	#37 - Flat Top Buffet DCS2-STU	2/15/17	3,464	1,732	2,466	200	200	0
89	#38 - Hot Food Buffet DCS4-HFU-B	2/15/17	4,644	2,322	3,307	267	267	0
90	#40 - Ice/Water Dispenser S-150	2/15/17	2,569	1,284	1,829	148	148	0
91	#41 - Buffet Shield BSI-HT4-IL	2/15/17	1,505	753	1,072	86	86	0
92	260 small items less than \$1,500 each	2/15/17	37,326	18,663	26,576	2,150	2,150	0
93	17 small items < \$1,500 each	2/15/17	13,415	6,708	9,551	773	773	0
94	Dorms (3 Buildings)	12/31/10	955,976	955,976	221,631	24,512	24,512	0
95	Dorms 2011 Costs	2/16/11	335,823	335,823	76,421	8,611	8,611	0
96	Shutters - Dorms 24W/4 Panels	3/11/11	20,461	0	20,461	0	0	0
97	Otte Cottage Construction Cost	5/26/09	98,827	98,827	26,924	2,534	2,534	0
98	Activity Center Renovations	2/20/03	8,241	5,769	7,341	257	257	0
99	Tile & Installation	3/02/10	4,273	2,136	3,579	126	126	0
100	Shutters	4/20/10	3,651	1,825	3,591	60	60	0
101	Activity Center Renovation WPC	6/30/10	25,000	25,000	13,289	1,115	1,115	0
102	The Oaks	10/15/91	153,055	153,055	137,061	4,859	4,859	0
103	Bldg Impr. Siding on Oak	6/20/01	8,983	8,983	8,983	0	0	0
104	1.5 Ton Heat Pump - Oaks 108	6/30/08	2,000	1,000	2,000	0	0	0
105	Shutters - Oaks	9/02/14	2,800	1,400	2,387	92	92	0
106	White Exterior Railings	2/04/15	5,335	2,667	3,672	167	167	0
107	WPC - Update/Facade/Siding/Electric	2/12/15	100,000	50,000	64,768	2,642	2,642	0
108	Architect - Reno - Slocum	2/12/15	4,500	2,250	2,915	118	118	0
109	CW Education & Found Bldg	6/30/95	253,306	253,306	159,399	6,495	6,495	0
110	10 Ton Condensor	6/04/15	4,800	2,400	4,265	214	214	0
111	AC Unit Education Center	6/15/16	5,550	2,775	4,271	256	256	0
112	5 Ton AC Indoor SN1612037454	3/28/17	5,350	2,675	3,809	308	308	0
116	Pontoon Boat - Used Donated	12/21/07	10,000	10,000	10,000	0	0	0
120	Fitness Equipment	12/11/01	6,259	4,381	6,259	0	0	0
121	Fitness Equipment	1/29/02	6,259	4,381	6,259	0	0	0
122	Golf Cart	9/27/02	2,709	1,896	2,709	0	0	0
123	Toshiba CTX 100 Digital	2/18/03	10,020	7,014	10,020	0	0	0
124	Exercise Equipment	4/25/04	1,268	634	1,268	0	0	0
125	Generator	8/31/04	1,799	899	1,799	0	0	0
126	Two Generators	8/31/04	3,200	1,600	3,200	0	0	0
127	Two Electronic Defibrilators	5/06/05	2,990	2,990	2,990	0	0	0
129	Shutters Education Ctr	4/05/07	2,169	2,169	2,169	0	0	0
130	Furniture - Otte Cottage	10/08/07	3,769	3,769	3,769	0	0	0
131	Snack Vending Machine	11/04/08	2,500	1,250	2,500	0	0	0
132	Big Screen TV	5/01/09	1,726	863	1,726	0	0	0
133	Office Furn - Admin/Health Ctr	5/31/11	22,227	0	22,227	0	0	0
134	Alarm Monitor System - Dorms	6/10/11	3,861	0	3,861	0	0	0
135	Large Screen TV for Rec Theatre	6/19/13	1,900	950	1,900	0	0	0
136	Theatre Chairs (IKEA)	11/18/14	2,084	1,042	1,945	93	93	0
137	2 Copiers	10/02/15	8,196	4,098	7,282	365	365	0
138	Generator - Fitness Center	9/19/18	13,320	0	13,320	0	0	0
139	Generator - Education Building	12/17/18	19,751	0	19,751	0	0	0
140	#42 - Buffet Shield	2/15/17	1,505	753	1,072	86	86	0
			<u>6,567,671</u>	<u>6,110,470</u>	<u>3,144,804</u>	<u>158,679</u>	<u>158,679</u>	<u>0</u>

Other Depreciation:

1	Lakewood Property	9/30/88	111,188	111,188	0	0	0	0
2	Lakewood Expansion	10/15/95	75,000	75,000	0	0	0	0

FL Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
3	Land & MacDonald Prop	1/31/97	28,615	28,615	0	0	0	0
128	1926 Steinway Baby Grand Piano	5/31/05	23,000	23,000	0	0	0	0
Total Other Depreciation			<u>237,803</u>	<u>237,803</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>237,803</u>	<u>237,803</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Listed Property:								
113	2002 EZ GO Golf Cart 1491352	12/21/04	2,309	1,154	2,309	0	0	0
114	2007 Dodge Van	11/22/06	14,979	14,979	14,979	0	0	0
115	2007 Dodge Ram ...62591	1/25/07	17,676	17,676	17,676	0	0	0
117	2009 Ford Fusion	1/12/09	18,059	9,030	18,059	0	0	0
118	2013 Ford Econoline E250	3/31/14	21,933	10,967	21,933	0	0	0
119	2016 Ford Fusion S ...398429	1/10/17	20,897	10,448	17,536	1,344	1,344	0
			<u>95,853</u>	<u>64,254</u>	<u>92,492</u>	<u>1,344</u>	<u>1,344</u>	<u>0</u>
Grand Totals			6,908,472	6,412,527	3,237,296	167,168	167,168	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>6,908,472</u>	<u>6,412,527</u>	<u>3,237,296</u>	<u>167,168</u>	<u>167,168</u>	<u>0</u>

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
4	Retaining Wall	5/30/02	13,900		0	0	4,170	9,730
11	Curbing - Dorms	3/25/11	2,789		0	0	2,789	0
12	Sod - New Dorms	4/21/11	11,416		0	0	11,416	0
15	Screen/Bathrooms	6/30/02	72,878		0	0	21,863	51,015
16	Pool Heater	5/21/12	3,700		0	0	1,850	1,850
31	Sprinkler System around Health Ctr/admin	12/31/10	8,066		0	0	8,066	0
33	Shutters - Health ctr/admin	1/17/11	9,600		0	0	9,600	0
34	Daikin 8ton compressor + evap coil	5/01/17	6,993		0	0	3,497	3,496
35	8 ton daikin VRV Heat Pump 10 yr Warranty	10/10/17	11,991		0	0	11,991	0
37	Willows # 2 Sidewalk	5/18/03	356		0	0	178	178
40	Four 2 Ton Heat Pumps	11/21/13	26,550		0	0	13,275	13,275
41	WPC - Facade/Sliding/Roof/Electric	2/12/15	100,000		0	0	50,000	50,000
42	Architect - Reno - Slocum	2/12/15	4,500		0	0	2,250	2,250
43	White Railing as par of renov	3/01/15	3,201		0	0	1,601	1,600
44	Tile in Cali's	3/23/15	7,228		0	0	3,614	3,614
45	Blinds	9/15/16	6,905		0	0	3,453	3,452
47	2 Ton Air Handler - Magnolia	3/14/08	2,800		0	0	1,400	1,400
50	Palms - Outdoor Tanks (Herrell Plumbing)	1/16/09	2,067		0	0	1,034	1,033
51	Tile	11/23/12	5,145		0	0	2,573	2,572
52	Shutters - Palms	9/02/14	2,800		0	0	1,400	1,400
55	Pavilion - Final Draw	10/25/11	19,959		0	0	19,959	0
56	Electrical - Pavilion	2/23/12	1,785		0	0	893	892
57	Carpet - 8366 Recreation Center	4/16/13	3,850		0	0	1,925	1,925
59	Landscape - Kitchen Facility	2/15/17	11,437		0	0	5,718	5,719
60	#1 Generator for Kitchen	2/15/17	18,227		0	0	9,114	9,113
61	#2 - HVAC 12.5Ton/11SEER	2/15/17	3,385		0	0	1,693	1,692
62	#3,4A,4B HVAC 12.5 Tonm AC Air Handler	2/15/17	3,044		0	0	1,522	1,522
63	#4+5 HVAC 16C Comfort AC	2/15/17	2,987		0	0	1,494	1,493
64	#6+7 3/4Ton 19SEER 2 stage split system	2/15/17	1,098		0	0	549	549
65	#8 IceMAker KM340MAH Kitchen	2/15/17	2,326		0	0	1,163	1,163
66	#9 WaterHeater Kitchen/Dining	2/15/17	5,035		0	0	2,517	2,518
67	#10 Fire Alarm Panel	2/15/17	2,500		0	0	1,250	1,250
68	#11 - Exhaust Fan	2/15/17	6,159		0	0	3,080	3,079
69	#12 - Fire Suppression System	2/15/17	3,655		0	0	1,828	1,827
70	#13 - Fan, Exhaust, Upblast	2/15/17	1,637		0	0	819	818
71	#14 - Fan Conditioned Supply	2/15/17	7,066		0	0	3,533	3,533
72	#16 - Oven Steamer/Combo/Broilerless	2/15/17	5,085		0	0	2,543	2,542
73	#17 - Convection Oven, Gas SCO-GS-20S	2/15/17	4,594		0	0	2,297	2,297
74	#18 - Restaurant Range, Gas, 6Burner	2/15/17	8,691		0	0	4,346	4,345
75	#19 - Horizon HRP1-1HS Refrigerator	2/15/17	3,549		0	0	1,775	1,774
76	#20 - Work Table T24120SEB-BS	2/15/17	1,720		0	0	860	860
77	#21/21a Worktable/Mod/Underfreezer	2/15/17	3,940		0	0	1,970	1,970
78	#23 - Ice Maker, BinS923, Filter	2/15/17	3,795		0	0	1,898	1,897
79	#24 - Wall mount shelf WS12120-16/3	2/15/17	3,861		0	0	1,931	1,930
80	#26 - 30QT Mixer 1-1/4hp SP20	2/15/17	2,593		0	0	1,297	1,296
81	#28 - Installed Walk-in Freezer	2/15/17	24,176		0	0	12,088	12,088
82	#30 - Sink/Scullery/Compartments	2/15/17	1,589		0	0	795	794
83	#31 - "L" Shape Dishtable	2/15/17	2,680		0	0	1,340	1,340
84	#33 - Hood/Condensate/Ventless	2/15/17	1,638		0	0	819	819
85	#34 - Tompstar Warewasher, High Temp	2/15/17	7,190		0	0	3,595	3,595
86	#35 - Flat Top Buffet Model DCS2-STU	2/15/17	3,464		0	0	1,732	1,732
87	#36 - Cold Food Station Buffet DDCS4-CFU	2/15/17	4,979		0	0	2,490	2,489
88	#37 - Flat Top Buffet DCS2-STU	2/15/17	3,464		0	0	1,732	1,732
89	#38 - Hot Food Buffet DCS4-HFU-B	2/15/17	4,644		0	0	2,322	2,322
90	#40 - Ice/Water Dispenser S-150	2/15/17	2,569		0	0	1,285	1,284
91	#41 - Buffet Shield BSI-HT4-IL	2/15/17	1,505		0	0	752	753
92	260 small items less than \$1,500 each	2/15/17	37,326		0	0	18,663	18,663
93	17 small items < \$1,500 each	2/15/17	13,415		0	0	6,707	6,708
96	Shutters - Dorms 24W/4 Panels	3/11/11	20,461		0	0	20,461	0
98	Activity Center Renovations	2/20/03	8,241		0	0	2,472	5,769
99	Tile & Installation	3/02/10	4,273		0	0	2,137	2,136
100	Shutters	4/20/10	3,651		0	0	1,826	1,825
104	1.5 Ton Heat Pump - Oaks 108	6/30/08	2,000		0	0	1,000	1,000
105	Shutters - Oaks	9/02/14	2,800		0	0	1,400	1,400
106	White Exterior Railings	2/04/15	5,335		0	0	2,668	2,667
107	WPC - Update/Facade/Siding/Electric	2/12/15	100,000		0	0	50,000	50,000
108	Architect - Reno - Slocum	2/12/15	4,500		0	0	2,250	2,250
110	10 Ton Condensor	6/04/15	4,800		0	0	2,400	2,400
111	AC Unit Education Center	6/15/16	5,550		0	0	2,775	2,775
112	5 Ton AC Indoor SN1612037454	3/28/17	5,350		0	0	2,675	2,675
113	2002 EZ GO Golf Cart 1491352	12/21/04	2,309	100	0	0	1,155	1,154
117	2009 Ford Fusion	1/12/09	18,059	100	0	0	9,029	9,030

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
118	2013 Ford Econoline E250	3/31/14	21,933	100	0	0	10,966	10,967
119	2016 Ford Fusion S ...398429	1/10/17	20,897	100	0	0	10,449	10,448
120	Fitness Equipment	12/11/01	6,259		0	0	1,878	4,381
121	Fitness Equipment	1/29/02	6,259		0	0	1,878	4,381
122	Golf Cart	9/27/02	2,709		0	0	813	1,896
123	Toshiba CTX 100 Digital	2/18/03	10,020		0	0	3,006	7,014
124	Exercise Equipment	4/25/04	1,268		0	0	634	634
125	Generator	8/31/04	1,799		0	0	900	899
126	Two Generators	8/31/04	3,200		0	0	1,600	1,600
131	Snack Vending Machine	11/04/08	2,500		0	0	1,250	1,250
132	Big Screen TV	5/01/09	1,726		0	0	863	863
133	Office Furn - Admin/Health Ctr	5/31/11	22,227		0	0	22,227	0
134	Alarm Monitor System - Dorms	6/10/11	3,861		0	0	3,861	0
135	Large Screen TV for Rec Theatre	6/19/13	1,900		0	0	950	950
136	Theatre Chairs (IKEA)	11/18/14	2,084		0	0	1,042	1,042
137	2 Copiers	10/02/15	8,196		0	0	4,098	4,098
138	Generator - Fitness Center	9/19/18	13,320		0	0	13,320	0
139	Generator - Education Building	12/17/18	19,751		0	0	19,751	0
140	#42 - Buffet Shield	2/15/17	1,505		0	0	752	753
141	Golf Cart	12/09/20	7,145		0	7,145	0	0
Grand Total			<u>889,390</u>		<u>0</u>	<u>7,145</u>	<u>488,800</u>	<u>393,445</u>

59-1300982

Depreciation Adjustment Report

All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT
Adjustments/
Preferences

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
4	Retaining Wall	5/30/02	13,900	0	0
5	Partial New Road Work	7/01/05	5,694	0	0
6	New Road	3/01/06	12,082	357	0
7	Submersible Pump for Pond	3/08/06	1,500	0	0
8	Lakewood Campus Sidewalk	8/21/06	1,783	53	0
9	New Road To Cypress and Blacktop	1/31/07	11,043	652	0
10	Boat Dock and Lift	6/29/07	35,445	2,093	0
11	Curbing - Dorms	3/25/11	2,789	0	0
12	Sod - New Dorms	4/21/11	11,416	0	0
13	Swimming Pool	8/14/00	679	0	0
14	Plans/Survey/Apps/Pool	6/04/01	9,206	0	0
15	Screen/Bathrooms	6/30/02	72,878	0	0
16	Pool Heater	5/21/12	3,700	0	0
17	Lakewood Property	9/30/88	596,063	0	0
18	Refurbishments	9/30/88	2,390	0	0
19	Building Improvements	6/30/89	129,697	0	0
20	Plans and Surveys	12/31/89	12,575	0	0
21	Recreation Room Addition	8/01/90	3,475	0	0
22	Re-Plumbing Facilities	8/01/90	1,681	0	0
23	Electric Meter	1/10/91	1,600	0	0
24	Roads & Walkways	8/09/91	17,288	0	0
25	Grounds and Walks	6/30/92	5,126	0	0
26	Tub Enclosure Remodel	7/14/98	1,970	0	0
27	Siding Installation	1/12/03	1,420	63	0
28	Gazebo	8/31/06	3,395	0	0
29	Health Ctr/Admin Building	12/31/10	854,974	21,922	0
30	Shutters - Health Ctr/Admin	12/31/10	17,600	1,040	0
31	Sprinkler System around Health Ctr/admin	12/31/10	8,066	0	0
32	Health Ctr/Admin 2011 Costs	1/11/11	10,801	277	0
33	Shutters - Health ctr/admin	1/17/11	9,600	0	0
34	Daikin 8ton compressor + evap coil	5/01/17	6,993	312	0
35	8 ton daikin VRV Heat Pump 10 yr Warranty	10/10/17	11,991	0	0
36	The Willows	3/31/92	169,353	5,376	0
37	Willows # 2 Sidewalk	5/18/03	356	8	0
38	Willows # 2 Bathroom Renovation	8/01/03	3,219	144	0
39	Tile Installation Willows	2/04/11	1,540	51	0
40	Four 2 Ton Heat Pumps	11/21/13	26,550	870	0
41	WPC - Facade/Sliding/Roof/Electric	2/12/15	100,000	2,445	0
42	Architect - Reno - Slocum	2/12/15	4,500	201	0
43	White Railing as par of renov	3/01/15	3,201	95	0
44	Tile in Cali's	3/23/15	7,228	237	0
45	Blinds	9/15/16	6,905	255	0
46	Buildings - MacDonald	1/31/97	257,538	6,603	0
47	2 Ton Air Handler - Magnolia	3/14/08	2,800	0	0
48	Quad - Ginsberk	12/31/04	351,439	9,011	0
49	The Palms Building	6/30/95	379,959	9,743	0
50	Palms - Outdoor Tanks (Herrell Plumbing)	1/16/09	2,067	0	0
51	Tile	11/23/12	5,145	169	0
52	Shutters - Palms	9/02/14	2,800	92	0
53	WPC - Facade/Siding/Stucco/Electric	2/12/15	44,005	2,151	0
54	Design for Reno/Slocum	2/12/15	2,000	98	0
55	Pavilion - Final Draw	10/25/11	19,959	0	0
56	Electrical - Pavilion	2/23/12	1,785	53	0
57	Carpet - 8366 Recreation Center	4/16/13	3,850	0	0
58	Kitchen/Dining Building	2/15/17	952,186	24,415	0
59	Landscape - Kitchen Facility	2/15/17	11,437	527	0
60	#1 Generator for Kitchen	2/15/17	18,227	839	0
61	#2 - HVAC 12.5Ton/11SEER	2/15/17	3,385	156	0
62	#3,4A,4B HVAC 12.5 Tonm AC Air Handler	2/15/17	3,044	140	0
63	#4+5 HVAC 16C Comfort AC	2/15/17	2,987	134	0
64	#6+7 3/4Ton 19SEER 2 stage split system	2/15/17	1,098	51	0
65	#8 IceMAKER KM340MAH Kitchen	2/15/17	2,326	107	0
66	#9 WaterHeater Kitchen/Dining	2/15/17	5,035	232	0
67	#10 Fire Alarm Panel	2/15/17	2,500	87	0
68	#11 - Exhaust Fan	2/15/17	6,159	284	0
69	#12 - Fire Suppression System	2/15/17	3,655	168	0
70	#13 - Fan, Exhaust, Upblast	2/15/17	1,637	75	0
71	#14 - Fan Conditioned Supply	2/15/17	7,066	326	0

Asset	Description	Date In Service	Cost	Tax	AMT
72	#16 - Oven Steamer/Combo/Broilerless	2/15/17	5,085	235	0
73	#17 - Convection Oven, Gas SCO-GS-20S	2/15/17	4,594	211	0
74	#18 - Restaurant Range, Gas, 6Burner	2/15/17	8,691	387	0
75	#19 - Horizon HRP1-IHS Refrigerator	2/15/17	3,549	123	0
76	#20 - Work Table T24120SEB-BS	2/15/17	1,720	60	0
77	#21/21a Worktable/Mod/Underfreezer	2/15/17	3,940	136	0
78	#23 - Ice Maker, BinS923, Filter	2/15/17	3,795	175	0
79	#24 - Wall mount shelf WS12120-16/3	2/15/17	3,861	172	0
80	#26 - 30QT Mixer 1-1/4hp SP20	2/15/17	2,593	119	0
81	#28 - Installed Walk-in Freezer	2/15/17	24,176	838	0
82	#30 - Sink/Scullery/Compartments	2/15/17	1,589	73	0
83	#31 - "L" Shape Dishtable	2/15/17	2,680	123	0
84	#33 - Hood/Condensate/Ventless	2/15/17	1,638	75	0
85	#34 - Tompstar Warewasher, High Temp	2/15/17	7,190	321	0
86	#35 - Flat Top Buffet Model DCS2-STU	2/15/17	3,464	160	0
87	#36 - Cold Food Station Buffet DDCS4-CFUR	2/15/17	4,979	229	0
88	#37 - Flat Top Buffet DCS2-STU	2/15/17	3,464	160	0
89	#38 - Hot Food Buffet DCS4-HFU-B	2/15/17	4,644	214	0
90	#40 - Ice/Water Dispenser S-150	2/15/17	2,569	118	0
91	#41 - Buffet Shield BSI-HT4-IL	2/15/17	1,505	70	0
92	260 small items less than \$1,500 each	2/15/17	37,326	1,720	0
93	17 small items < \$1,500 each	2/15/17	13,415	618	0
94	Dorms (3 Buildings)	12/31/10	955,976	24,513	0
95	Dorms 2011 Costs	2/16/11	335,823	8,611	0
96	Shutters - Dorms 24W/4 Panels	3/11/11	20,461	0	0
97	Otte Cottage Construction Cost	5/26/09	98,827	2,534	0
98	Activity Center Renovations	2/20/03	8,241	257	0
99	Tile & Installation	3/02/10	4,273	127	0
100	Shutters	4/20/10	3,651	0	0
101	Activity Center Renovation WPC	6/30/10	25,000	1,115	0
102	The Oaks	10/15/91	153,055	4,859	0
103	Bldg Impr. Siding on Oak	6/20/01	8,983	0	0
104	1.5 Ton Heat Pump - Oaks 108	6/30/08	2,000	0	0
105	Shutters - Oaks	9/02/14	2,800	92	0
106	White Exterior Railings	2/04/15	5,335	157	0
107	WPC - Update/Facade/Siding/Electric	2/12/15	100,000	2,445	0
108	Architect - Reno - Slocum	2/12/15	4,500	110	0
109	CW Education & Found Bldg	6/30/95	253,306	6,495	0
110	10 Ton Condensor	6/04/15	4,800	214	0
111	AC Unit Education Center	6/15/16	5,550	205	0
112	5 Ton AC Indoor SN1612037454	3/28/17	5,350	247	0
116	Pontoon Boat - Used Donated	12/21/07	10,000	0	0
120	Fitness Equipment	12/11/01	6,259	0	0
121	Fitness Equipment	1/29/02	6,259	0	0
122	Golf Cart	9/27/02	2,709	0	0
123	Toshiba CTX 100 Digital	2/18/03	10,020	0	0
124	Exercise Equipment	4/25/04	1,268	0	0
125	Generator	8/31/04	1,799	0	0
126	Two Generators	8/31/04	3,200	0	0
127	Two Electronic Defibrilators	5/06/05	2,990	0	0
129	Shutters Education Ctr	4/05/07	2,169	0	0
130	Furniture - Otte Cottage	10/08/07	3,769	0	0
131	Snack Vending Machine	11/04/08	2,500	0	0
132	Big Screen TV	5/01/09	1,726	0	0
133	Office Furn - Admin/Health Ctr	5/31/11	22,227	0	0
134	Alarm Monitor System - Dorms	6/10/11	3,861	0	0
135	Large Screen TV for Rec Theatre	6/19/13	1,900	0	0
136	Theatre Chairs (IKEA)	11/18/14	2,084	46	0
137	2 Copiers	10/02/15	8,196	366	0
138	Generator - Fitness Center	9/19/18	13,320	0	0
139	Generator - Education Building	12/17/18	19,751	0	0
140	#42 - Buffet Shield	2/15/17	1,505	70	0
141	Golf Cart	12/09/20	7,145	0	0
			<u>6,574,816</u>	<u>150,712</u>	<u>0</u>

Other Depreciation:

1	Lakewood Property	9/30/88	111,188	0	0
2	Lakewood Expansion	10/15/95	75,000	0	0
3	Land & MacDonald Prop	1/31/97	28,615	0	0

Future Depreciation Report FYE: 12/31/21

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
128	1926 Steinway Baby Grand Piano	5/31/05	23,000	0	0
	Total Other Depreciation		<u>237,803</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>237,803</u>	<u>0</u>	<u>0</u>
Listed Property:					
113	2002 EZ GO Golf Cart 1491352	12/21/04	2,309	0	0
114	2007 Dodge Van	11/22/06	14,979	0	0
115	2007 Dodge Ram ...62591	1/25/07	17,676	0	0
117	2009 Ford Fusion	1/12/09	18,059	0	0
118	2013 Ford Econoline E250	3/31/14	21,933	0	0
119	2016 Ford Fusion S ...398429	1/10/17	20,897	1,345	0
			<u>95,853</u>	<u>1,345</u>	<u>0</u>
	Grand Totals		<u>6,908,472</u>	<u>152,057</u>	<u>0</u>

FL Future Depreciation Report FYE: 12/31/21

Form 990, Page 1

Asset	Description	Date In Service	Cost	FL
Prior MACRS:				
4	Retaining Wall	5/30/02	13,900	0
5	Partial New Road Work	7/01/05	5,694	0
6	New Road	3/01/06	12,082	357
7	Submersible Pump for Pond	3/08/06	1,500	0
8	Lakewood Campus Sidewalk	8/21/06	1,783	53
9	New Road To Cypress and Blacktop	1/31/07	11,043	652
10	Boat Dock and Lift	6/29/07	35,445	2,093
11	Curbing - Dorms	3/25/11	2,789	0
12	Sod - New Dorms	4/21/11	11,416	0
13	Swimming Pool	8/14/00	679	0
14	Plans/Survey/Apps/Pool	6/04/01	9,206	0
15	Screen/Bathrooms	6/30/02	72,878	0
16	Pool Heater	5/21/12	3,700	0
17	Lakewood Property	9/30/88	596,063	0
18	Refurbishments	9/30/88	2,390	0
19	Building Improvements	6/30/89	129,697	0
20	Plans and Surveys	12/31/89	12,575	0
21	Recreation Room Addition	8/01/90	3,475	0
22	Re-Plumbing Facilities	8/01/90	1,681	0
23	Electric Meter	1/10/91	1,600	0
24	Roads & Walkways	8/09/91	17,288	0
25	Grounds and Walks	6/30/92	5,126	0
26	Tub Enclosure Remodel	7/14/98	1,970	0
27	Siding Installation	1/12/03	1,420	63
28	Gazebo	8/31/06	3,395	0
29	Health Ctr/Admin Building	12/31/10	854,974	21,922
30	Shutters - Health Ctr/Admin	12/31/10	17,600	1,040
31	Sprinkler System around Health Ctr/admin	12/31/10	8,066	0
32	Health Ctr/Admin 2011 Costs	1/11/11	10,801	277
33	Shutters - Health ctr/admin	1/17/11	9,600	0
34	Daikin 8ton compressor + evap coil	5/01/17	6,993	312
35	8 ton daikin VRV Heat Pump 10 yr Warranty	10/10/17	11,991	0
36	The Willows	3/31/92	169,353	5,376
37	Willows # 2 Sidewalk	5/18/03	356	8
38	Willows # 2 Bathroom Renovation	8/01/03	3,219	144
39	Tile Installation Willows	2/04/11	1,540	51
40	Four 2 Ton Heat Pumps	11/21/13	26,550	870
41	WPC - Facade/Sliding/Roof/Electric	2/12/15	100,000	2,445
42	Architect - Reno - Slocum	2/12/15	4,500	201
43	White Railing as par of renov	3/01/15	3,201	95
44	Tile in Cali's	3/23/15	7,228	237
45	Blinds	9/15/16	6,905	255
46	Buildings - MacDonald	1/31/97	257,538	6,603
47	2 Ton Air Handler - Magnolia	3/14/08	2,800	0
48	Quad - Ginsberk	12/31/04	351,439	9,011
49	The Palms Building	6/30/95	379,959	9,743
50	Palms - Outdoor Tanks (Herrell Plumbing)	1/16/09	2,067	0
51	Tile	11/23/12	5,145	169
52	Shutters - Palms	9/02/14	2,800	92
53	WPC - Facade/Siding/Stucco/Electric	2/12/15	44,005	2,151
54	Design for Reno/Slocum	2/12/15	2,000	98
55	Pavilion - Final Draw	10/25/11	19,959	0
56	Electrical - Pavilion	2/23/12	1,785	53
57	Carpet - 8366 Recreation Center	4/16/13	3,850	0
58	Kitchen/Dining Building	2/15/17	952,186	24,415
59	Landscape - Kitchen Facility	2/15/17	11,437	527
60	#1 Generator for Kitchen	2/15/17	18,227	839
61	#2 - HVAC 12.5Ton/11SEER	2/15/17	3,385	156
62	#3,4A,4B HVAC 12.5 Tonm AC Air Handler	2/15/17	3,044	140
63	#4+5 HVAC 16C Comfort AC	2/15/17	2,987	134
64	#6+7 3/4Ton 19SEER 2 stage split system	2/15/17	1,098	51
65	#8 IceMAKER KM340MAH Kitchen	2/15/17	2,326	107
66	#9 WaterHeater Kitchen/Dining	2/15/17	5,035	232
67	#10 Fire Alarm Panel	2/15/17	2,500	87
68	#11 - Exhaust Fan	2/15/17	6,159	284
69	#12 - Fire Suppression System	2/15/17	3,655	168
70	#13 - Fan, Exhaust, Upblast	2/15/17	1,637	75
71	#14 - Fan Conditioned Supply	2/15/17	7,066	326

FL Future Depreciation Report FYE: 12/31/21

Form 990, Page 1

Asset	Description	Date In Service	Cost	FL
72	#16 - Oven Steamer/Combo/Broilerless	2/15/17	5,085	235
73	#17 - Convection Oven, Gas SCO-GS-20S	2/15/17	4,594	211
74	#18 - Restaurant Range, Gas, 6Burner	2/15/17	8,691	387
75	#19 - Horizon HRP1-IHS Refrigerator	2/15/17	3,549	123
76	#20 - Work Table T24120SEB-BS	2/15/17	1,720	60
77	#21/21a Worktable/Mod/Underfreezer	2/15/17	3,940	136
78	#23 - Ice Maker, BinS923, Filter	2/15/17	3,795	175
79	#24 - Wall mount shelf WS12120-16/3	2/15/17	3,861	172
80	#26 - 30QT Mixer 1-1/4hp SP20	2/15/17	2,593	119
81	#28 - Installed Walk-in Freezer	2/15/17	24,176	838
82	#30 - Sink/Scullery/Compartments	2/15/17	1,589	73
83	#31 - "L" Shape Dishtable	2/15/17	2,680	123
84	#33 - Hood/Condensate/Ventless	2/15/17	1,638	75
85	#34 - Tompstar Warewasher, High Temp	2/15/17	7,190	321
86	#35 - Flat Top Buffet Model DCS2-STU	2/15/17	3,464	160
87	#36 - Cold Food Station Buffet DDCS4-CFUR	2/15/17	4,979	229
88	#37 - Flat Top Buffet DCS2-STU	2/15/17	3,464	160
89	#38 - Hot Food Buffet DCS4-HFU-B	2/15/17	4,644	214
90	#40 - Ice/Water Dispenser S-150	2/15/17	2,569	118
91	#41 - Buffet Shield BSI-HT4-IL	2/15/17	1,505	70
92	260 small items less than \$1,500 each	2/15/17	37,326	1,720
93	17 small items < \$1,500 each	2/15/17	13,415	618
94	Dorms (3 Buildings)	12/31/10	955,976	24,513
95	Dorms 2011 Costs	2/16/11	335,823	8,611
96	Shutters - Dorms 24W/4 Panels	3/11/11	20,461	0
97	Otte Cottage Construction Cost	5/26/09	98,827	2,534
98	Activity Center Renovations	2/20/03	8,241	257
99	Tile & Installation	3/02/10	4,273	127
100	Shutters	4/20/10	3,651	0
101	Activity Center Renovation WPC	6/30/10	25,000	1,115
102	The Oaks	10/15/91	153,055	4,859
103	Bldg Impr. Siding on Oak	6/20/01	8,983	0
104	1.5 Ton Heat Pump - Oaks 108	6/30/08	2,000	0
105	Shutters - Oaks	9/02/14	2,800	92
106	White Exterior Railings	2/04/15	5,335	157
107	WPC - Update/Facade/Siding/Electric	2/12/15	100,000	2,445
108	Architect - Reno - Slocum	2/12/15	4,500	110
109	CW Education & Found Bldg	6/30/95	253,306	6,495
110	10 Ton Condensor	6/04/15	4,800	214
111	AC Unit Education Center	6/15/16	5,550	205
112	5 Ton AC Indoor SN1612037454	3/28/17	5,350	247
116	Pontoon Boat - Used Donated	12/21/07	10,000	0
120	Fitness Equipment	12/11/01	6,259	0
121	Fitness Equipment	1/29/02	6,259	0
122	Golf Cart	9/27/02	2,709	0
123	Toshiba CTX 100 Digital	2/18/03	10,020	0
124	Exercise Equipment	4/25/04	1,268	0
125	Generator	8/31/04	1,799	0
126	Two Generators	8/31/04	3,200	0
127	Two Electronic Defibrilators	5/06/05	2,990	0
129	Shutters Education Ctr	4/05/07	2,169	0
130	Furniture - Otte Cottage	10/08/07	3,769	0
131	Snack Vending Machine	11/04/08	2,500	0
132	Big Screen TV	5/01/09	1,726	0
133	Office Furn - Admin/Health Ctr	5/31/11	22,227	0
134	Alarm Monitor System - Dorms	6/10/11	3,861	0
135	Large Screen TV for Rec Theatre	6/19/13	1,900	0
136	Theatre Chairs (IKEA)	11/18/14	2,084	46
137	2 Copiers	10/02/15	8,196	366
138	Generator - Fitness Center	9/19/18	13,320	0
139	Generator - Education Building	12/17/18	19,751	0
140	#42 - Buffet Shield	2/15/17	1,505	70
141	Golf Cart	12/09/20	7,145	0
			6,574,816	150,712

Other Depreciation:

1	Lakewood Property	9/30/88	111,188	0
2	Lakewood Expansion	10/15/95	75,000	0
3	Land & MacDonald Prop	1/31/97	28,615	0

FL Future Depreciation Report FYE: 12/31/21

Form 990, Page 1

Asset	Description	Date In Service	Cost	FL
128	1926 Steinway Baby Grand Piano	5/31/05	23,000	0
	Total Other Depreciation		<u>237,803</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>237,803</u>	<u>0</u>
 Listed Property:				
113	2002 EZ GO Golf Cart 1491352	12/21/04	2,309	0
114	2007 Dodge Van	11/22/06	14,979	0
115	2007 Dodge Ram ...62591	1/25/07	17,676	0
117	2009 Ford Fusion	1/12/09	18,059	0
118	2013 Ford Econoline E250	3/31/14	21,933	0
119	2016 Ford Fusion S ...398429	1/10/17	20,897	1,345
			<u>95,853</u>	<u>1,345</u>
	Grand Totals		<u>6,908,472</u>	<u>152,057</u>

Description **TENNIS TOURNAMENT**

Name
LA AMISTAD FOUNDATION, INC.

Taxpayer Identification Number
59-130982

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>7,365</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	<u>41,200</u>
7. Total revenue. Add lines 1 through 6	7.	<u>48,565</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	_____
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>48,565</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Tax-Exempt Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
	\$ 15,665		14			
TOTAL	<u>\$ 15,665</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
	\$ 46,334	\$ 45,071	\$	\$ 1,263
TOTAL	\$ 46,334	\$ 45,071	\$ 0	\$ 1,263

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
HIRING EXPENSE	\$ 2,875	\$	\$ 2,875	\$
LICENSE & ACCREDITATION	1,741	1,741		
BANK CHARGES	1,005		1,005	
MEMBERSHIPS/SUBSCRIPTION	914		914	
UNIFORMS	228	228		
TOTAL	\$ 6,763	\$ 1,969	\$ 4,794	\$ 0

Schedule A, Part III, Line 1(e)

Description	Amount
PPP GRANT	\$ 350,401
CARES ACT GRANT	44,159
OTHER	730,641
TENNIS TOURNAMENT	
CASH CONTRIBUTION	41,200
TOTAL	\$ 1,166,401

Federal Statements

Schedule A, Part III, Line 2(e)

Description	Amount
OTHER	\$ 12,709
APPLICATION FEES	4,500
RESIDENT FEES	2,356,452
TRANSPORTATION SERVICES	16,949
TENNIS TOURNAMENT	7,365
TOTAL	\$ <u>2,397,975</u>

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2016	2017	2018	2019	2020
	\$ 657,115	\$ 609,117	\$ 355,874	\$ 592,509	\$ 1,081,101
TOTAL	<u>\$ 657,115</u>	<u>\$ 609,117</u>	<u>\$ 355,874</u>	<u>\$ 592,509</u>	<u>\$ 1,081,101</u>

Federal Statements**Schedule A, Part III, Line 7b - Excess Gross Receipts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$	\$
2020	846,885	811,085
2019	889,334	863,905
2018	979,134	951,822
2017	974,712	942,665
2016	914,431	883,149
TOTAL	\$ <u>4,604,496</u>	\$ <u>4,452,626</u>

Federal Statements

Schedule A, Part III, Line 10a(e)

Description

Amount

TOTAL

\$ 15,665
\$ 15,665