

**Return of Organization Exempt From Income Tax**

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

**2020**

**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](http://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: **AINSLEY'S ANGELS OF AMERICA**

Doing business as \_\_\_\_\_

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO BOX 6287**

City or town, state or province, country, and ZIP or foreign postal code  
**VIRGINIA BEACH VA 23456**

**D** Employer identification number: **45-3576353**

**E** Telephone number: **757-202-7915**

**F** Name and address of principal officer:  
**KIM "ROOSTER" ROSSITER**  
**828 CABRINI PLACE**  
**VIRGINIA BEACH VA 23464**

**G** Gross receipts: **759,113**

**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) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **www.AinsleysAngels.org**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2011** **M** State of legal domicile: **LA**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
**See Schedule O**

**2** Check this box  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**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **4**

**5** Total number of individuals employed in calendar year 2020 (Part V, line 2a) **5**

**6** Total number of volunteers (estimate if necessary) **175**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **0**

**7b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **0**

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	732,034	542,328
<b>9</b> Program service revenue (Part VIII, line 2g)	218,303	122,362
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,424	26,460
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	285,534	40,994
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,264,295	732,144
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	114,980	124,998
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	109,100	121,450
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11a)	13,079	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>25,949</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	708,608	311,108
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	945,767	557,556
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	318,528	174,588
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 1,895,292	End of Year 2,070,615
<b>21</b> Total liabilities (Part X, line 26)	16,697	17,432
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,878,595	2,053,183

**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:   
 Date: **2/22/21**  
**CHRISTOPHER WOOD** VP/TREASURER  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **Christopher Wood**  
 Preparer's signature:   
 Date: **02/22/21**  
 Check  if PTIN self-employed **P00673659**  
 Firm's name: **C Wood & Co LLC**  
 Firm's EIN: **46-1019913**  
 Firm's address: **2437 Blue Castle Ln Virginia Beach, VA 23454**  
 Phone no.: **757-581-1920**

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

For Paperwork Reduction Act Notice, see the separate instructions. **DAA**

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**See Schedule O**

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

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

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 \$ **454,258** including grants of \$ **124,998** ) (Revenue \$ **582,500** )

**To ensure everyone can experience endurance events, Ainsley's Angels of America aims to build awareness about America's special needs community through inclusion in all aspects of life. Serving as advocates to providing education and participating as active members in local communities, we believe everyone deserves to be included.**

4b (Code: ) (Expenses \$ **38,228** including grants of \$ ) (Revenue \$ **122,362** )

**RACE SERIES REVENUES**

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 **492,486**

**Part IV Checklist of Required Schedules**

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

**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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		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	0	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

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

		Yes	No
<b>2a</b>	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		5
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

**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.		
1a	4		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	2		
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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b		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
9			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
10a			X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11a			X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
12a			X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
12c			
13	Did the organization have a written whistleblower policy?		X
13			X
14	Did the organization have a written document retention and destruction policy?		X
14			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?		
a	The organization's CEO, Executive Director, or top management official		X
15a			X
b	Other officers or key employees of the organization		X
15b			X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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
16a			X
b	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?		
16b			

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **None**
- 18 Section 5104 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 **▶**

**CHRISTOPHER WOOD  
VIRGINIA BEACH**

**2437 BLUE CASTLE LN**

**VA 23454**

**757-202-7915**

**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 (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) KIM "ROOSTER" ROSSITER PRESIDENT	60.00 0.00	X		X				78,000	0	0
(2) JOE ORTH VICE PRESIDENT	20.00 0.00	X		X				16,000	0	0
(3) CHRISTOPHER WOOD VP/TREASURER	5.00 0.00			X				9,000	0	0
(4) LAURA SHULER VP RACE OPS	10.00 0.00			X				6,100	0	0
(5) AMANDA HALL VP OF MARKETING	3.00 0.00			X				3,000	0	0
(6) DANNY BOURGEOIS BOARD MEMBER	1.00 0.00	X						0	0	0
(7) KRISTINE SEAWARD CO FOUNDER/DIRECTOR	2.00 0.00	X						0	0	0
(8) TRACIE DAVID VP OF ADMINISTRATION	1.00 0.00			X				0	0	0
(9) SHAUN EVANS VICE PRESIDENT	2.00 0.00			X				0	0	0
(10) TANYA MCGEE VP OF AMBASSADOR OPS	3.00 0.00			X				0	0	0
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours 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			
<b>1b Subtotal</b> .....								<b>112,100</b>		
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								<b>112,100</b>		

**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 **▶ 0**

	Yes	No
<b>3</b> 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> .....		<b>X</b>
<b>4</b> 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>

**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 **▶ 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					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	542,328				
	g Noncash contributions included in lines 1a-1f	1g \$					
	<b>h Total. Add lines 1a-1f</b>		<b>542,328</b>				
Program Service Revenue	2a RAGNAR & RACE SERIES	Business Code	122,362	122,362			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>		<b>122,362</b>				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		27,282			27,282	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real (ii) Personal				
		b Less: rental expenses	6b				
		c Rental inc. or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
		b Less: cost or other basis and sales exp.	7b		822		
		c Gain or (loss)	7c		-822		
		d Net gain or (loss)		-822	-822		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
		c Net income or (loss) from fundraising events					
	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							
10a Gross sales of inventory, less returns and allowances	10a		67,141				
	b Less: cost of goods sold	10b	26,147				
	c Net income or (loss) from sales of inventory		40,994	40,994			
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
<b>12 Total revenue. See instructions</b>			<b>732,144</b>	<b>162,534</b>	<b>0</b>	<b>27,282</b>	

**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	124,998	124,998		
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				
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	111,900	75,100	14,000	22,800
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	9,550	6,398	1,204	1,948
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	13,969		13,416	553
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.)	3,610	154	3,456	
12 Advertising and promotion	34,772	34,772		
13 Office expenses	12,208	12,208		
14 Information technology	2,761	1,289	1,085	387
15 Royalties				
16 Occupancy	129,934	126,047	3,887	
17 Travel	53,287	53,099	188	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,299	51,512	523	261
23 Insurance	7,809	6,909	900	
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 <b>PENALTIES</b>	459		459	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	557,556	492,486	39,118	25,949
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	402,844	1	657,052
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	50,705	3	27,187
	4 Accounts receivable, net		4	
	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	162,763	8	177,615
	9 Prepaid expenses and deferred charges	14,984	9	15,907
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 320,991		
	b Less: accumulated depreciation	10b 241,328	10c 127,996	79,663
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,136,000	15	1,113,191
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,895,292	16	2,070,615	
Liabilities	17 Accounts payable and accrued expenses	4,075	17	1,286
	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		21	
	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	12,622	25	16,146
	26 Total liabilities. Add lines 17 through 25	16,697	26	17,432
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	1,878,595	27	2,053,183
	28 Net assets with donor restrictions		28	
	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	1,878,595	32	2,053,183	
33 Total liabilities and net assets/fund balances	1,895,292	33	2,070,615	

**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	732,144
2	Total expenses (must equal Part IX, column (A), line 25)	2	557,556
3	Revenue less expenses. Subtract line 2 from line 1	3	174,588
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,878,595
5	Net unrealized gains (losses) on investments	5	
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	2,053,183

**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
b 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	
c 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?		
b 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		

# Public Charity Status and Public Support

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**AINSLEY'S ANGELS OF AMERICA**

Employer identification number

**45-3576353**

**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)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2020

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> 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 .....

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a</b> 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>b</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"/>		
<b>17a</b> 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>b</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"/>		
<b>18</b> 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.")	693,652	873,782	1,017,475	950,337	542,328	4,077,574
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	202,562	200,846	205,880	291,859	189,503	1,090,650
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	896,214	1,074,628	1,223,355	1,242,196	731,831	5,168,224
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						5,168,224

**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	896,214	1,074,628	1,223,355	1,242,196	731,831	5,168,224
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		3,760	15,538	28,428	27,282	75,008
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		3,760	15,538	28,428	27,282	75,008
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-2,670	-1,451		-6,325		-10,446
13 Total support. (Add lines 9, 10c, 11, and 12.)	893,544	1,076,937	1,238,893	1,264,299	759,113	5,232,786
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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	98.77%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.31%

**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	1%
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	▶ <input checked="" type="checkbox"/>	
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	▶ <input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	▶ <input type="checkbox"/>	

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



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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 (continued)**

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—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). 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—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f <b>Total of lines 3a through 3e</b>			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j <b>Remainder.</b> 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 <b>Remainder.</b> Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2021.</b> 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			

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

**Part III, Line 12 - Other Income Detail**

\$ -10,446

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://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

**AINSLEY'S ANGELS OF AMERICA**

**45-3576353**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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.

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.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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:

- c Beginning balance .....
- d Additions during the year .....
- e Distributions during the year .....
- f Ending balance .....

	Amount
1c	
1d	
1e	
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 .....					
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 .....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ ..... %
- b Permanent endowment ▶ ..... %
- c Term endowment ▶ ..... %

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:

- (i) Unrelated organizations  Yes  No
- (ii) Related organizations  Yes  No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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 .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....		229,354	170,064	59,290
e Other .....		91,637	71,264	20,373
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				79,663

**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) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) .....		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) .....		

**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) <b>CDs</b>	<b>711,000</b>
(2) <b>ANNUITY CONTRACTS</b>	<b>402,191</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) .....	<b>1,113,191</b>

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ACCRUED EXPENSES</b>	<b>10,103</b>
(3) <b>DEFERRED INCOME</b>	<b>3,852</b>
(4) <b>DEFERRED ANNUITY INCOME</b>	<b>2,191</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) .....	<b>16,146</b>

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.

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

**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.

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

**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.

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Dotted lines for supplemental information.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047  
**2020**  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Employer identification number  
**45-3576353**

**AINSLIEY'S ANGELS OF AMERICA**

**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 non-cash 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

3 Enter total number of other organizations listed in the line 1 table

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



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

**45-3576353**

**AINSLEY'S ANGELS OF AMERICA**

**Form 990 - Organization's Mission or Most Significant Activities**

In addition to ensuring everyone can experience endurance events, Ainsley's Angels of America aims to build awareness about America's special needs community through inclusion in all aspects of life. Serving as advocates to providing education and participating as active members in local communities, we believe everyone deserves to be included.

**Form 990 - Organization's Mission**

In addition to ensuring everyone can experience endurance events, Ainsley's Angels of America aims to build awareness about America's special needs community through inclusion in all aspects of life. Serving as advocates to providing education and participating as active members in local communities, we believe everyone deserves to be included.

**Form 990, Part I, Line 6**

MEMBERS REPRESENT ORGANIZATION IN LOCAL COMMUNITY. THEY SERVE AS ADVOCATES FOR INCLUSION AND RECIEVE NO MONETARY BENEFIT.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

No review was or will be conducted.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

WILL BE AVAILABLE ON GUIDESTAR

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return

**AINSLEY'S ANGELS OF AMERICA**

Identifying number

**45-3576353**

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	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	52,299

**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	0
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		

**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	
i	Nonresidential real property		27.5 yrs.	MM	S/L	
			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	
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	52,299
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.

Form **4562** (2020)

DAA

There are no amounts for Page 2

45-3576353

## Federal Asset Report

FYE: 12/31/2020

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	BRAVO TRAILER (AARS)	2/24/15	13,671			13,671	5 MO S/L	13,215	456
2	CARGO TRAILER (ALBANY NY)	3/29/15	3,000			3,000	5 MO S/L	2,850	150
3	2014 VISTA RV	4/01/15	67,887			67,887	5 MO S/L	64,493	3,394
4	CARGO TRAILER (NE REGION)	4/13/15	1,498			1,498	5 MO S/L	1,423	75
5	CARGO TRAILER (SWLA)	4/27/15	2,606			2,606	5 MO S/L	2,432	174
6	CARGO TRAILER (NELA)	7/24/15	1,775			1,775	5 MO S/L	1,568	207
7	CARGO TRAILER (CENTRAL MS)	10/19/15	2,200			2,200	5 MO S/L	1,833	367
8	CARGO TRAILER (EAST NC)	12/03/15	4,244			4,244	5 MO S/L	3,466	778
9	INFLATABLE ARCH	3/04/15	4,120			4,120	5 MO S/L	3,983	137
12	PA SYSTEM W/ GENERATOR	6/20/15	477			477	5 MO S/L	429	48
16	FREEDOM JOGGER (NJ)	8/21/15	449			449	5 MO S/L	389	60
	Mass Sale: 12/31/20								
17	GENERATOR	8/21/15	334			334	5 MO S/L	289	45
18	PROJECTION SYSTEM	10/05/15	1,358			1,358	5 MO S/L	1,155	203
20	MAC COMPUTER (KIM)	8/16/14	1,035			1,035	5 MO S/L	1,035	0
	Mass Sale: 12/31/20								
21	LAPTOP (AARS)	3/23/15	492			492	5 MO S/L	467	25
22	LAPTOP (AARS)	3/23/15	492			492	5 MO S/L	467	25
	Mass Sale: 12/31/20								
23	LAPTOP (AARS)	3/23/15	492			492	5 MO S/L	467	25
	Mass Sale: 12/31/20								
24	4 DRW FILE CABINET (TP)	4/27/15	311			311	5 MO S/L	290	21
27	LAPTOP (KRIS)	7/08/15	468			468	5 MO S/L	421	47
	Mass Sale: 12/31/20								
28	LAPTOP (JOE)	7/26/15	1,058			1,058	5 MO S/L	934	124
	Mass Sale: 12/31/20								
30	HOYT SIGNATURE CHAIR(SOCAL)	8/08/15	2,100			2,100	5 MO S/L	1,855	245
	Mass Sale: 12/31/20								
31	HOYT SIGNATURE CHAIR(NELA)	8/08/15	2,100			2,100	5 MO S/L	1,855	245
	Mass Sale: 12/31/20								
32	HOYT SIGNATURE CHAIR(NELIZ)	8/08/15	2,100			2,100	5 MO S/L	1,855	245
	Mass Sale: 12/31/20								
33	HOYT SIGNATURE CHAIR(SELA)	8/08/15	2,100			2,100	5 MO S/L	1,855	245
	Mass Sale: 12/31/20								
34	HOYT SIGNATURE CHAIR(SAN ANTO)	8/08/15	2,100			2,100	5 MO S/L	1,855	245
	Mass Sale: 12/31/20								
35	HOYT SIGNATURE CHAIR(ECNC)	8/08/15	2,100			2,100	5 MO S/L	1,855	245
	Mass Sale: 12/31/20								
36	HOYT SIGNATURE CHAIR(TAMPA FL)	8/08/15	2,100			2,100	5 MO S/L	1,855	245
	Mass Sale: 12/31/20								
37	HOYT SIGNATURE CHAIR(SEPA)	8/08/15	2,100			2,100	5 MO S/L	1,855	245
	Mass Sale: 12/31/20								
38	HOYT SIGNATURE CHAIR(NEAL)	8/08/15	2,100			2,100	5 MO S/L	1,855	245
	Mass Sale: 12/31/20								
41	ADAPTIVE STAR AXIOM (SACRAMEN)	8/28/16	2,410			2,410	5 MO S/L	1,607	482
42	ADAPTIVE STAR AXIOM (AARS)	8/28/16	2,410			2,410	5 MO S/L	1,607	482
43	ADAPTIVE STAR AXIOM (CENTRAL M)	8/28/16	2,410			2,410	5 MO S/L	1,607	482
44	ADAPTIVE STAR AXIOM (NORTH TX)	9/06/16	2,295			2,295	5 MO S/L	1,530	459
45	ADAPTIVE STAR AXIOM (NELA)	9/06/16	2,295			2,295	5 MO S/L	1,530	459
46	ADAPTIVE STAR AXIOM (CENTRAL O)	9/06/16	2,295			2,295	5 MO S/L	1,530	459
47	ADAPTIVE STAR AXIOM (SE TX)	9/24/16	2,295			2,295	5 MO S/L	1,492	459
48	ADAPTIVE STAR AXIOM (FREDERICK)	9/24/16	2,295			2,295	5 MO S/L	1,492	459
49	ADAPTIVE STAR AXIOM CHAIR	9/24/16	2,295			2,295	5 MO S/L	1,492	459
50	STORAGE BUILDING 12x8	10/02/16	2,348			2,348	5 MO S/L	1,526	0
	Sold/Scrapped: 1/01/20								
51	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525			2,525	5 MO S/L	1,557	505
52	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525			2,525	5 MO S/L	1,557	505
53	ADAPTIVE STAR AXIOM	12/12/16	2,525			2,525	5 MO S/L	1,557	505
54	ADAPTIVE STAR AXIOM	12/12/16	2,525			2,525	5 MO S/L	1,557	505
55	ADAPTIVE STAR AXIOM	12/12/16	2,525			2,525	5 MO S/L	1,557	505
	Mass Sale: 12/31/20								
56	ADAPTIVE STAR AXIOM	12/12/16	2,525			2,525	5 MO S/L	1,557	505
57	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525			2,525	5 MO S/L	1,557	505
58	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525			2,525	5 MO S/L	1,557	505
59	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525			2,525	5 MO S/L	1,557	505
60	CARGO TRAILER (NE AL)	1/22/16	4,525			4,525	5 MO S/L	3,545	905
61	CARGO TRAILER (HR VA)	4/20/16	3,027			3,027	5 MO S/L	2,220	605
62	CARGO TRAILER (WEST NY)	4/23/16	2,545			2,545	5 MO S/L	1,866	509

45-3576353

## Federal Asset Report

FYE: 12/31/2020

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
63	CARGO TRAILER (CENTRAL IL)	4/25/16	3,311			3,311	5 MO S/L	2,428	662
64	CARGO TRAILER (UPSTATE SC)	5/19/16	1,050			1,050	5 MO S/L	753	210
65	CARGO TRAILER (TAMPA FL)	5/23/16	5,200			5,200	5 MO S/L	3,727	1,040
66	CARGO TRAILER (SE PA)	6/17/16	2,850			2,850	5 MO S/L	1,995	570
68	CARGO TRAILER (SOUTH SOUND WA)	8/05/16	2,847			2,847	5 MO S/L	1,946	569
69	CARGO TRAILER (SE NC)	8/08/16	2,400			2,400	5 MO S/L	1,640	480
70	CARGO TRAILER (NASHVILLE TN)	9/23/16	2,300			2,300	5 MO S/L	1,495	460
71	CARGO TRAILER (SW LA)	9/28/16	13,247			13,247	5 MO S/L	8,611	2,649
72	CARGO TRAILER (NORTH TX)	10/29/16	4,836			4,836	5 MO S/L	3,063	967
73	CARGO TRAILER (FREDERICKSBURG)	11/10/16	1,775			1,775	5 MO S/L	1,124	355
74	2017 Pace American JV 7x14 TE25E Traile	3/26/17	5,007			5,007	5 MO S/L	2,754	1,001
75	2017 8.5X20 Diamond Cargo Trailer	4/13/17	5,010			5,010	5 MO S/L	2,756	1,002
76	Lark 8.5x16 Tandem Axle Black 7' Interior	7/17/17	5,245			5,245	5 MO S/L	2,535	1,049
77	20" Trailer EHW8520TA2	7/19/17	7,342			7,342	5 MO S/L	3,548	1,469
78	8.5x16 2017 Lark United Trailer	8/26/17	5,214			5,214	5 MO S/L	2,433	1,043
80	BLACK 8.5X20 CARGO TRAILER W/GR	2/06/18	5,650			5,650	5 MO S/L	2,166	1,130
81	2018 STEALTH 7X20 TITAN MUSTANG	1/10/18	5,285			5,285	5 MO S/L	2,114	1,057
82	BLACK 8.5X20 CARGO TRAILER W/GR	2/06/18	5,650			5,650	5 MO S/L	2,166	1,130
83	LARK 8.5X16 TRAILER	4/04/18	5,078			5,078	5 MO S/L	1,777	1,016
84	8.5X20 TA TRAILER	12/03/18	6,757			6,757	5 MO S/L	1,464	1,351
85	2017 FORD TRANSIT 350 VAN	12/21/18	36,422			36,422	5 MO S/L	7,284	7,285
86	Cargo Trailer 7x14 Continental Cargo NW	11/18/19	6,275			6,275	5 MO S/L	105	1,255
87	Cargo Trailer 8.5x24 (Fredericksburg)	7/31/19	5,291			5,291	5 MO S/L	441	1,058
88	Cargo Trailer Cynergy 8.5x24 (NE Louisiar	7/31/19	5,324			5,324	5 MO S/L	444	1,064
89	Cargo Trailer Haulmark 7x12 (Sacramento)	5/30/19	5,747			5,747	5 MO S/L	670	1,150
90	Water Mister	5/01/19	5,358			5,358	5 MO S/L	714	1,072
91	Cargo Trailer (SWARK)	2/26/20	5,250			5,250	5 MO S/L	0	875
	<b>Total Other Depreciation</b>		<b>348,758</b>			<b>348,758</b>		<b>215,511</b>	<b>52,299</b>
	<b>Total ACRS and Other Depreciation</b>		<b>348,758</b>			<b>348,758</b>		<b>215,511</b>	<b>52,299</b>
	<b>Grand Totals</b>		<b>348,758</b>			<b>348,758</b>		<b>215,511</b>	<b>52,299</b>
	<b>Less: Dispositions and Transfers</b>		<b>27,767</b>			<b>27,767</b>		<b>23,491</b>	<b>2,991</b>
	<b>Less: Start-up/Org Expense</b>		<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
	<b>Net Grand Totals</b>		<b>320,991</b>			<b>320,991</b>		<b>192,020</b>	<b>49,308</b>

45-3576353

## LA Asset Report

FYE: 12/31/2020

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	LA Prior	LA Current	Federal Current	Difference Fed - LA
<b>Other Depreciation:</b>								
1	BRAVO TRAILER (AARS)	2/24/15	13,671	13,671	13,215	456	456	0
2	CARGO TRAILER (ALBANY NY)	3/29/15	3,000	3,000	2,850	150	150	0
3	2014 VISTA RV	4/01/15	67,887	67,887	64,493	3,394	3,394	0
4	CARGO TRAILER (NE REGION)	4/13/15	1,498	1,498	1,423	75	75	0
5	CARGO TRAILER (SWLA)	4/27/15	2,606	2,606	2,432	174	174	0
6	CARGO TRAILER (NELA)	7/24/15	1,775	1,775	1,568	207	207	0
7	CARGO TRAILER (CENTRAL MS)	10/19/15	2,200	2,200	1,833	367	367	0
8	CARGO TRAILER (EAST NC)	12/03/15	4,244	4,244	3,466	778	778	0
9	INFLATABLE ARCH	3/04/15	4,120	4,120	3,983	137	137	0
12	PA SYSTEM W/ GENERATOR	6/20/15	477	477	429	48	48	0
16	FREEDOM JOGGER (NJ)	8/21/15	449	449	389	60	60	0
	Mass Sale: 12/31/20							
17	GENERATOR	8/21/15	334	334	289	45	45	0
18	PROJECTION SYSTEM	10/05/15	1,358	1,358	1,155	203	203	0
20	MAC COMPUTER (KIM)	8/16/14	1,035	1,035	1,035	0	0	0
	Mass Sale: 12/31/20							
21	LAPTOP (AARS)	3/23/15	492	492	467	25	25	0
22	LAPTOP (AARS)	3/23/15	492	492	467	25	25	0
	Mass Sale: 12/31/20							
23	LAPTOP (AARS)	3/23/15	492	492	467	25	25	0
	Mass Sale: 12/31/20							
24	4 DRW FILE CABINET (TP)	4/27/15	311	311	290	21	21	0
27	LAPTOP (KRIS)	7/08/15	468	468	421	47	47	0
	Mass Sale: 12/31/20							
28	LAPTOP (JOE)	7/26/15	1,058	1,058	934	124	124	0
	Mass Sale: 12/31/20							
30	HOYT SIGNATURE CHAIR(SOCAL)	8/08/15	2,100	2,100	1,855	245	245	0
	Mass Sale: 12/31/20							
31	HOYT SIGNATURE CHAIR(NELA)	8/08/15	2,100	2,100	1,855	245	245	0
	Mass Sale: 12/31/20							
32	HOYT SIGNATURE CHAIR(NELIZ)	8/08/15	2,100	2,100	1,855	245	245	0
	Mass Sale: 12/31/20							
33	HOYT SIGNATURE CHAIR(SELA)	8/08/15	2,100	2,100	1,855	245	245	0
	Mass Sale: 12/31/20							
34	HOYT SIGNATURE CHAIR(SAN ANTO)	8/08/15	2,100	2,100	1,855	245	245	0
	Mass Sale: 12/31/20							
35	HOYT SIGNATURE CHAIR(ECNC)	8/08/15	2,100	2,100	1,855	245	245	0
	Mass Sale: 12/31/20							
36	HOYT SIGNATURE CHAIR(TAMPA FL)	8/08/15	2,100	2,100	1,855	245	245	0
	Mass Sale: 12/31/20							
37	HOYT SIGNATURE CHAIR(SEPA)	8/08/15	2,100	2,100	1,855	245	245	0
	Mass Sale: 12/31/20							
38	HOYT SIGNATURE CHAIR(NEAL)	8/08/15	2,100	2,100	1,855	245	245	0
	Mass Sale: 12/31/20							
41	ADAPTIVE STAR AXIOM (SACRAMEN)	8/28/16	2,410	2,410	1,607	482	482	0
42	ADAPTIVE STAR AXIOM (AARS)	8/28/16	2,410	2,410	1,607	482	482	0
43	ADAPTIVE STAR AXIOM (CENTRAL M)	8/28/16	2,410	2,410	1,607	482	482	0
44	ADAPTIVE STAR AXIOM (NORTH TX)	9/06/16	2,295	2,295	1,530	459	459	0
45	ADAPTIVE STAR AXIOM (NELA)	9/06/16	2,295	2,295	1,530	459	459	0
46	ADAPTIVE STAR AXIOM (CENTRAL O)	9/06/16	2,295	2,295	1,530	459	459	0
47	ADAPTIVE STAR AXIOM (SE TX)	9/24/16	2,295	2,295	1,492	459	459	0
48	ADAPTIVE STAR AXIOM (FREDERICK)	9/24/16	2,295	2,295	1,492	459	459	0
49	ADAPTIVE STAR AXIOM CHAIR	9/24/16	2,295	2,295	1,492	459	459	0
50	STORAGE BUILDING 12x8	10/02/16	2,348	2,348	1,526	0	0	0
	Sold/Scrapped: 1/01/20							
51	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525	2,525	1,557	505	505	0
52	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525	2,525	1,557	505	505	0
53	ADAPTIVE STAR AXIOM	12/12/16	2,525	2,525	1,557	505	505	0
54	ADAPTIVE STAR AXIOM	12/12/16	2,525	2,525	1,557	505	505	0
55	ADAPTIVE STAR AXIOM	12/12/16	2,525	2,525	1,557	505	505	0
	Mass Sale: 12/31/20							
56	ADAPTIVE STAR AXIOM	12/12/16	2,525	2,525	1,557	505	505	0
57	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525	2,525	1,557	505	505	0
58	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525	2,525	1,557	505	505	0
59	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525	2,525	1,557	505	505	0
60	CARGO TRAILER (NE AL)	1/22/16	4,525	4,525	3,545	905	905	0
61	CARGO TRAILER (HR VA)	4/20/16	3,027	3,027	2,220	605	605	0
62	CARGO TRAILER (WEST NY)	4/23/16	2,545	2,545	1,866	509	509	0



45-3576353

## LA Asset Report

FYE: 12/31/2020

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	LA Prior	LA Current	Federal Current	Difference Fed - LA
63	CARGO TRAILER (CENTRAL IL)	4/25/16	3,311	3,311	2,428	662	662	0
64	CARGO TRAILER (UPSTATE SC)	5/19/16	1,050	1,050	753	210	210	0
65	CARGO TRAILER (TAMPA FL)	5/23/16	5,200	5,200	3,727	1,040	1,040	0
66	CARGO TRAILER (SE PA)	6/17/16	2,850	2,850	1,995	570	570	0
68	CARGO TRAILER (SOUTH SOUND WA)	8/05/16	2,847	2,847	1,946	569	569	0
69	CARGO TRAILER (SE NC)	8/08/16	2,400	2,400	1,640	480	480	0
70	CARGO TRAILER (NASHVILLE TN)	9/23/16	2,300	2,300	1,495	460	460	0
71	CARGO TRAILER (SW LA)	9/28/16	13,247	13,247	8,611	2,649	2,649	0
72	CARGO TRAILER (NORTH TX)	10/29/16	4,836	4,836	3,063	967	967	0
73	CARGO TRAILER (FREDERICKSBURG)	11/10/16	1,775	1,775	1,124	355	355	0
74	2017 Pace American JV 7x14 TE25E Trailer	3/26/17	5,007	5,007	2,754	1,001	1,001	0
75	2017 8.5X20 Diamond Cargo Trailer	4/13/17	5,010	5,010	2,756	1,002	1,002	0
76	Lark 8.5x16 Tandem Axle Black 7' Interior	7/17/17	5,245	5,245	2,535	1,049	1,049	0
77	20" Trailer EHW8520TA2	7/19/17	7,342	7,342	3,548	1,469	1,469	0
78	8.5x16 2017 Lark United Trailer	8/26/17	5,214	5,214	2,433	1,043	1,043	0
80	BLACK 8.5X20 CARGO TRAILER W/GR	2/06/18	5,650	5,650	2,166	1,130	1,130	0
81	2018 STEALTH 7X20 TITAN MUSTANG	1/10/18	5,285	5,285	2,114	1,057	1,057	0
82	BLACK 8.5X20 CARGO TRAILER W/GR	2/06/18	5,650	5,650	2,166	1,130	1,130	0
83	LARK 8.5X16 TRAILER	4/04/18	5,078	5,078	1,777	1,016	1,016	0
84	8.5X20 TA TRAILER	12/03/18	6,757	6,757	1,464	1,351	1,351	0
85	2017 FORD TRANSIT 350 VAN	12/21/18	36,422	36,422	7,284	7,285	7,285	0
86	Cargo Trailer 7x14 Continental Cargo NW	11/18/19	6,275	6,275	105	1,255	1,255	0
87	Cargo Trailer 8.5x24 (Fredericksburg)	7/31/19	5,291	5,291	441	1,058	1,058	0
88	Cargo Trailer Cynergy 8.5x24 (NE Louisiar	7/31/19	5,324	5,324	444	1,064	1,064	0
89	Cargo Trailer Haulmark 7x12 (Sacramento	5/30/19	5,747	5,747	670	1,150	1,150	0
90	Water Mister	5/01/19	5,358	5,358	714	1,072	1,072	0
91	Cargo Trailer (SWARK)	2/26/20	5,250	5,250	0	875	875	0
<b>Total Other Depreciation</b>			<b>348,758</b>	<b>348,758</b>	<b>215,511</b>	<b>52,299</b>	<b>52,299</b>	<b>0</b>
<b>Total ACRS and Other Depreciation</b>			<b>348,758</b>	<b>348,758</b>	<b>215,511</b>	<b>52,299</b>	<b>52,299</b>	<b>0</b>
<b>Grand Totals</b>			<b>348,758</b>	<b>348,758</b>	<b>215,511</b>	<b>52,299</b>	<b>52,299</b>	<b>0</b>
<b>Less: Dispositions</b>			<b>27,767</b>	<b>27,767</b>	<b>23,491</b>	<b>2,991</b>	<b>2,991</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>320,991</b>	<b>320,991</b>	<b>192,020</b>	<b>49,308</b>	<b>49,308</b>	<b>0</b>

45-3576353

## AMT Asset Report

FYE: 12/31/2020

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>										
1	BRAVO TRAILER (AARS)	2/24/15	13,671			X	6,835	10 HY 200DB	11,151	504
2	CARGO TRAILER (ALBANY NY)	3/29/15	3,000			X	1,500	10 HY 200DB	2,508	99
3	2014 VISTA RV	4/01/15	67,887			X	33,943	10 HY 200DB	56,764	2,225
4	CARGO TRAILER (NE REGION)	4/13/15	1,498			X	749	10 HY 200DB	1,253	49
5	CARGO TRAILER (SWLA)	4/27/15	2,606			X	1,303	10 HY 200DB	2,179	85
6	CARGO TRAILER (NELA)	7/24/15	1,775			X	887	10 HY 200DB	1,484	58
7	CARGO TRAILER (CENTRAL MS)	10/19/15	2,200			X	1,100	10 HY 200DB	1,840	72
8	CARGO TRAILER (EAST NC)	12/03/15	4,244			X	2,122	10 HY 200DB	3,549	139
9	INFLATABLE ARCH	3/04/15	4,120			X	2,060	10 HY 200DB	3,445	135
12	PA SYSTEM W/ GENERATOR	6/20/15	477			X	239	10 HY 200DB	393	17
16	FREEDOM JOGGER (NJ)	8/21/15	449			X	225	10 HY 200DB	370	8
	Mass Sale: 12/31/20									
17	GENERATOR	8/21/15	334			X	167	10 HY 200DB	275	12
18	PROJECTION SYSTEM	10/05/15	1,358			X	679	10 HY 200DB	1,162	39
20	MAC COMPUTER (KIM)	8/16/14	1,035			X	518	10 HY 200DB	933	11
	Mass Sale: 12/31/20									
21	LAPTOP (AARS)	3/23/15	492			X	246	10 HY 200DB	411	16
22	LAPTOP (AARS)	3/23/15	492			X	246	10 HY 200DB	401	9
	Mass Sale: 12/31/20									
23	LAPTOP (AARS)	3/23/15	492			X	246	10 HY 200DB	411	8
	Mass Sale: 12/31/20									
24	4 DRW FILE CABINET (TP)	4/27/15	311			X	156	10 HY 200DB	256	11
27	LAPTOP (KRIS)	7/08/15	468			X	234	10 HY 200DB	391	8
	Mass Sale: 12/31/20									
28	LAPTOP (JOE)	7/26/15	1,058			X	529	10 HY 200DB	884	18
	Mass Sale: 12/31/20									
			<u>107,967</u>				<u>53,984</u>		<u>90,060</u>	<u>3,523</u>
<b>Other Depreciation:</b>										
30	HOYT SIGNATURE CHAIR(SOCAL)	8/08/15	0				0	0 HY	0	0
	Mass Sale: 12/31/20									
31	HOYT SIGNATURE CHAIR(NELA)	8/08/15	0				0	0 HY	0	0
	Mass Sale: 12/31/20									
32	HOYT SIGNATURE CHAIR(NELIZ)	8/08/15	0				0	0 HY	0	0
	Mass Sale: 12/31/20									
33	HOYT SIGNATURE CHAIR(SELA)	8/08/15	0				0	0 HY	0	0
	Mass Sale: 12/31/20									
34	HOYT SIGNATURE CHAIR(SAN ANTO)	8/08/15	0				0	0 HY	0	0
	Mass Sale: 12/31/20									
35	HOYT SIGNATURE CHAIR(ECNC)	8/08/15	0				0	0 HY	0	0
	Mass Sale: 12/31/20									
36	HOYT SIGNATURE CHAIR(TAMPA FL)	8/08/15	0				0	0 HY	0	0
	Mass Sale: 12/31/20									
37	HOYT SIGNATURE CHAIR(SEPA)	8/08/15	0				0	0 HY	0	0
	Mass Sale: 12/31/20									
38	HOYT SIGNATURE CHAIR(NEAL)	8/08/15	0				0	0 HY	0	0
	Mass Sale: 12/31/20									
41	ADAPTIVE STAR AXIOM (SACRAMEN)	8/28/16	0				0	0 HY	0	0
42	ADAPTIVE STAR AXIOM (AARS)	8/28/16	0				0	0 HY	0	0
43	ADAPTIVE STAR AXIOM (CENTRAL M)	8/28/16	0				0	0 HY	0	0
44	ADAPTIVE STAR AXIOM (NORTH TX)	9/06/16	0				0	0 HY	0	0
45	ADAPTIVE STAR AXIOM (NELA)	9/06/16	0				0	0 HY	0	0
46	ADAPTIVE STAR AXIOM (CENTRAL O)	9/06/16	0				0	0 HY	0	0
47	ADAPTIVE STAR AXIOM (SE TX)	9/24/16	0				0	0 HY	0	0
48	ADAPTIVE STAR AXIOM (FREDERICK)	9/24/16	0				0	0 HY	0	0
49	ADAPTIVE STAR AXIOM CHAIR	9/24/16	0				0	0 HY	0	0
50	STORAGE BUILDING 12x8	10/02/16	0				0	0 HY	0	0
	Sold/Scrapped: 1/01/20									
51	ADAPTIVE STAR AXIOM CHAIR	12/12/16	0				0	0 HY	0	0
52	ADAPTIVE STAR AXIOM CHAIR	12/12/16	0				0	0 HY	0	0
53	ADAPTIVE STAR AXIOM	12/12/16	0				0	0 HY	0	0
54	ADAPTIVE STAR AXIOM	12/12/16	0				0	0 HY	0	0
55	ADAPTIVE STAR AXIOM	12/12/16	0				0	0 HY	0	0
	Mass Sale: 12/31/20									
56	ADAPTIVE STAR AXIOM	12/12/16	0				0	0 HY	0	0
57	ADAPTIVE STAR AXIOM CHAIR	12/12/16	0				0	0 HY	0	0
58	ADAPTIVE STAR AXIOM CHAIR	12/12/16	0				0	0 HY	0	0

45-3576353

**AMT Asset Report**

FYE: 12/31/2020

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
59	ADAPTIVE STAR AXIOM CHAIR	12/12/16	0		0	0 HY	0	0
60	CARGO TRAILER (NE AL)	1/22/16	0		0	0 HY	0	0
61	CARGO TRAILER (HR VA)	4/20/16	0		0	0 HY	0	0
62	CARGO TRAILER (WEST NY)	4/23/16	0		0	0 HY	0	0
63	CARGO TRAILER (CENTRAL IL)	4/25/16	0		0	0 HY	0	0
64	CARGO TRAILER (UPSTATE SC)	5/19/16	0		0	0 HY	0	0
65	CARGO TRAILER (TAMPA FL)	5/23/16	0		0	0 HY	0	0
66	CARGO TRAILER (SE PA)	6/17/16	0		0	0 HY	0	0
68	CARGO TRAILER (SOUTH SOUND WA)	8/05/16	0		0	0 HY	0	0
69	CARGO TRAILER (SE NC)	8/08/16	0		0	0 HY	0	0
70	CARGO TRAILER (NASHVILLE TN)	9/23/16	0		0	0 HY	0	0
71	CARGO TRAILER (SW LA)	9/28/16	0		0	0 HY	0	0
72	CARGO TRAILER (NORTH TX)	10/29/16	0		0	0 HY	0	0
73	CARGO TRAILER (FREDERICKSBURG	11/10/16	0		0	0 HY	0	0
74	2017 Pace American JV 7x14 TE25E Traile	3/26/17	5,007		5,007	5 MO S/L	2,754	1,001
75	2017 8.5X20 Diamond Cargo Trailer	4/13/17	5,010		5,010	5 MO S/L	2,756	1,002
76	Lark 8.5x16 Tandem Axle Black 7' Interior	7/17/17	5,245		5,245	5 MO S/L	2,535	1,049
77	20" Trailer EHW8520TA2	7/19/17	7,342		7,342	5 MO S/L	3,548	1,469
78	8.5x16 2017 Lark United Trailer	8/26/17	5,214		5,214	5 MO S/L	2,433	1,043
80	BLACK 8.5X20 CARGO TRAILER W/GR	2/06/18	5,650		5,650	5 MO S/L	2,166	1,130
81	2018 STEALTH 7X20 TITAN MUSTANG	1/10/18	0		0	0 HY	0	0
82	BLACK 8.5X20 CARGO TRAILER W/GR	2/06/18	5,650		5,650	5 MO S/L	2,166	1,130
83	LARK 8.5X16 TRAILER	4/04/18	5,078		5,078	5 MO S/L	1,777	1,016
84	8.5X20 TA TRAILER	12/03/18	6,757		6,757	5 MO S/L	1,464	1,351
85	2017 FORD TRANSIT 350 VAN	12/21/18	36,422		36,422	5 MO S/L	7,284	7,285
86	Cargo Trailer 7x14 Continental Cargo NW	11/18/19	6,275		6,275	5 MO S/L	105	1,255
87	Cargo Trailer 8.5x24 (Fredericksburg)	7/31/19	0		0	0 HY	0	0
88	Cargo Trailer Cynergy 8.5x24 (NE Louisiar	7/31/19	5,324		5,324	5 MO S/L	444	1,064
89	Cargo Trailer Haulmark 7x12 (Sacramento	5/30/19	5,747		5,747	5 MO S/L	670	1,150
90	Water Mister	5/01/19	5,358		5,358	5 MO S/L	714	1,072
91	Cargo Trailer (SWARK)	2/26/20	5,250		5,250	5 MO S/L	0	875
<b>Total Other Depreciation</b>			<b>115,329</b>		<b>115,329</b>		<b>30,816</b>	<b>22,892</b>
<b>Total ACRS and Other Depreciation</b>			<b>115,329</b>		<b>115,329</b>		<b>30,816</b>	<b>22,892</b>
<b>Grand Totals</b>			<b>223,296</b>		<b>169,313</b>		<b>120,876</b>	<b>26,415</b>
<b>Less: Dispositions and Transfers</b>			<b>3,994</b>		<b>1,998</b>		<b>3,390</b>	<b>62</b>
<b>Net Grand Totals</b>			<b>219,302</b>		<b>167,315</b>		<b>117,486</b>	<b>26,353</b>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

45-3576353

## Future Depreciation Report

FYE: 12/31/21

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	BRAVO TRAILER (AARS)	2/24/15	13,671	0	448
2	CARGO TRAILER (ALBANY NY)	3/29/15	3,000	0	87
3	2014 VISTA RV	4/01/15	67,887	0	1,977
4	CARGO TRAILER (NE REGION)	4/13/15	1,498	0	43
5	CARGO TRAILER (SWLA)	4/27/15	2,606	0	76
6	CARGO TRAILER (NELA)	7/24/15	1,775	0	52
7	CARGO TRAILER (CENTRAL MS)	10/19/15	2,200	0	64
8	CARGO TRAILER (EAST NC)	12/03/15	4,244	0	123
9	INFLATABLE ARCH	3/04/15	4,120	0	120
12	PA SYSTEM W/ GENERATOR	6/20/15	477	0	15
17	GENERATOR	8/21/15	334	0	10
18	PROJECTION SYSTEM	10/05/15	1,358	0	35
21	LAPTOP (AARS)	3/23/15	492	0	15
24	4 DRW FILE CABINET (TP)	4/27/15	311	0	10
41	ADAPTIVE STAR AXIOM (SACRAMENTO C	8/28/16	2,410	321	0
42	ADAPTIVE STAR AXIOM (AARS)	8/28/16	2,410	321	0
43	ADAPTIVE STAR AXIOM (CENTRAL MD)	8/28/16	2,410	321	0
44	ADAPTIVE STAR AXIOM (NORTH TX)	9/06/16	2,295	306	0
45	ADAPTIVE STAR AXIOM (NELA)	9/06/16	2,295	306	0
46	ADAPTIVE STAR AXIOM (CENTRAL OK)	9/06/16	2,295	306	0
47	ADAPTIVE STAR AXIOM (SE TX)	9/24/16	2,295	344	0
48	ADAPTIVE STAR AXIOM (FREDERICKSBU	9/24/16	2,295	344	0
49	ADAPTIVE STAR AXIOM CHAIR	9/24/16	2,295	344	0
51	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525	463	0
52	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525	463	0
53	ADAPTIVE STAR AXIOM	12/12/16	2,525	463	0
54	ADAPTIVE STAR AXIOM	12/12/16	2,525	463	0
56	ADAPTIVE STAR AXIOM	12/12/16	2,525	463	0
57	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525	463	0
58	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525	463	0
59	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525	463	0
60	CARGO TRAILER (NE AL)	1/22/16	4,525	75	0
61	CARGO TRAILER (HR VA)	4/20/16	3,027	202	0
62	CARGO TRAILER (WEST NY)	4/23/16	2,545	170	0
63	CARGO TRAILER (CENTRAL IL)	4/25/16	3,311	221	0
64	CARGO TRAILER (UPSTATE SC)	5/19/16	1,050	87	0
65	CARGO TRAILER (TAMPA FL)	5/23/16	5,200	433	0
66	CARGO TRAILER (SE PA)	6/17/16	2,850	285	0
68	CARGO TRAILER (SOUTH SOUND WA)	8/05/16	2,847	332	0
69	CARGO TRAILER (SE NC)	8/08/16	2,400	280	0
70	CARGO TRAILER (NASHVILLE TN)	9/23/16	2,300	345	0
71	CARGO TRAILER (SW LA)	9/28/16	13,247	1,987	0
72	CARGO TRAILER (NORTH TX)	10/29/16	4,836	806	0
73	CARGO TRAILER (FREDERICKSBURG VA)	11/10/16	1,775	296	0
74	2017 Pace American JV 7x14 TE25E Trailer	3/26/17	5,007	1,002	1,002
75	2017 8.5X20 Diamond Cargo Trailer	4/13/17	5,010	1,002	1,002
76	Lark 8.5x16 Tandem Axle Black 7' Interior	7/17/17	5,245	1,049	1,049
77	20' Trailer EHW8520TA2	7/19/17	7,342	1,468	1,468
78	8.5x16 2017 Lark United Trailer	8/26/17	5,214	1,043	1,043
80	BLACK 8.5X20 CARGO TRAILER W/GRAPH	2/06/18	5,650	1,130	1,130
81	2018 STEALTH 7X20 TITAN MUSTANG TR	1/10/18	5,285	1,057	0
82	BLACK 8.5X20 CARGO TRAILER W/GRAPH	2/06/18	5,650	1,130	1,130
83	LARK 8.5X16 TRAILER	4/04/18	5,078	1,016	1,016
84	8.5X20 TA TRAILER	12/03/18	6,757	1,352	1,352
85	2017 FORD TRANSIT 350 VAN	12/21/18	36,422	7,284	7,284
86	Cargo Trailer 7x14 Continental Cargo NW Ark)	11/18/19	6,275	1,255	1,255
87	Cargo Trailer 8.5x24 (Fredericksburg)	7/31/19	5,291	1,058	0
88	Cargo Trailer Cynergy 8.5x24 (NE Louisiana)	7/31/19	5,324	1,065	1,065
89	Cargo Trailer Haulmark 7x12 (Sacramento CA)	5/30/19	5,747	1,149	1,149
90	Water Mister	5/01/19	5,358	1,072	1,072
91	Cargo Trailer (SWARK)	2/26/20	5,250	1,050	1,050
<b>Total Other Depreciation</b>			<b>320,991</b>	<b>37,318</b>	<b>26,142</b>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	<b>Total ACRS and Other Depreciation</b>		<u>320,991</u>	<u>37,318</u>	<u>26,142</u>
	<b>Grand Totals</b>		<u>320,991</u>	<u>37,318</u>	<u>26,142</u>

Asset	Description	Date in Service	Cost	LA
<b>Other Depreciation:</b>				
1	BRAVO TRAILER (AARS)	2/24/15	13,671	0
2	CARGO TRAILER (ALBANY NY)	3/29/15	3,000	0
3	2014 VISTA RV	4/01/15	67,887	0
4	CARGO TRAILER (NE REGION)	4/13/15	1,498	0
5	CARGO TRAILER (SWLA)	4/27/15	2,606	0
6	CARGO TRAILER (NELA)	7/24/15	1,775	0
7	CARGO TRAILER (CENTRAL MS)	10/19/15	2,200	0
8	CARGO TRAILER (EAST NC)	12/03/15	4,244	0
9	INFLATABLE ARCH	3/04/15	4,120	0
12	PA SYSTEM W/ GENERATOR	6/20/15	477	0
17	GENERATOR	8/21/15	334	0
18	PROJECTION SYSTEM	10/05/15	1,358	0
21	LAPTOP (AARS)	3/23/15	492	0
24	4 DRW FILE CABINET (TP)	4/27/15	311	0
41	ADAPTIVE STAR AXIOM (SACRAMENTO C	8/28/16	2,410	321
42	ADAPTIVE STAR AXIOM (AARS)	8/28/16	2,410	321
43	ADAPTIVE STAR AXIOM (CENTRAL MD)	8/28/16	2,410	321
44	ADAPTIVE STAR AXIOM (NORTH TX)	9/06/16	2,295	306
45	ADAPTIVE STAR AXIOM (NELA)	9/06/16	2,295	306
46	ADAPTIVE STAR AXIOM (CENTRAL OK)	9/06/16	2,295	306
47	ADAPTIVE STAR AXIOM (SE TX)	9/24/16	2,295	344
48	ADAPTIVE STAR AXIOM (FREDERICKSBU	9/24/16	2,295	344
49	ADAPTIVE STAR AXIOM CHAIR	9/24/16	2,295	344
51	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525	463
52	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525	463
53	ADAPTIVE STAR AXIOM	12/12/16	2,525	463
54	ADAPTIVE STAR AXIOM	12/12/16	2,525	463
56	ADAPTIVE STAR AXIOM	12/12/16	2,525	463
57	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525	463
58	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525	463
59	ADAPTIVE STAR AXIOM CHAIR	12/12/16	2,525	463
60	CARGO TRAILER (NE AL)	1/22/16	4,525	75
61	CARGO TRAILER (HR VA)	4/20/16	3,027	202
62	CARGO TRAILER (WEST NY)	4/23/16	2,545	170
63	CARGO TRAILER (CENTRAL IL)	4/25/16	3,311	221
64	CARGO TRAILER (UPSTATE SC)	5/19/16	1,050	87
65	CARGO TRAILER (TAMPA FL)	5/23/16	5,200	433
66	CARGO TRAILER (SE PA)	6/17/16	2,850	285
68	CARGO TRAILER (SOUTH SOUND WA)	8/05/16	2,847	332
69	CARGO TRAILER (SE NC)	8/08/16	2,400	280
70	CARGO TRAILER (NASHVILLE TN)	9/23/16	2,300	345
71	CARGO TRAILER (SW LA)	9/28/16	13,247	1,987
72	CARGO TRAILER (NORTH TX)	10/29/16	4,836	806
73	CARGO TRAILER (FREDERICKSBURG VA)	11/10/16	1,775	296
74	2017 Pace American JV 7x14 TE25E Trailer	3/26/17	5,007	1,002
75	2017 8.5X20 Diamond Cargo Trailer	4/13/17	5,010	1,002
76	Lark 8.5x16 Tandem Axle Black 7' Interior	7/17/17	5,245	1,049
77	20" Trailer EHW8520TA2	7/19/17	7,342	1,468
78	8.5x16 2017 Lark United Trailer	8/26/17	5,214	1,043
80	BLACK 8.5X20 CARGO TRAILER W/GRAPH	2/06/18	5,650	1,130
81	2018 STEALTH 7X20 TITAN MUSTANG TR/	1/10/18	5,285	1,057
82	BLACK 8.5X20 CARGO TRAILER W/GRAPH	2/06/18	5,650	1,130
83	LARK 8.5X16 TRAILER	4/04/18	5,078	1,016
84	8.5X20 TA TRAILER	12/03/18	6,757	1,352
85	2017 FORD TRANSIT 350 VAN	12/21/18	36,422	7,284
86	Cargo Trailer 7x14 Continental Cargo NW Ark)	11/18/19	6,275	1,255
87	Cargo Trailer 8.5x24 (Fredericaksburg)	7/31/19	5,291	1,058
88	Cargo Trailer Cynergy 8.5x24 (NE Louisiana)	7/31/19	5,324	1,065
89	Cargo Trailer Haulmark 7x12 (Sacramento CA)	5/30/19	5,747	1,149
90	Water Mister	5/01/19	5,358	1,072
91	Cargo Trailer (SWARK)	2/26/20	5,250	1,050
<b>Total Other Depreciation</b>			<b>320,991</b>	<b>37,318</b>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>LA</u>
	<b>Total ACRS and Other Depreciation</b>		<u>320,991</u>	<u>37,318</u>
	<b>Grand Totals</b>		<u>320,991</u>	<u>37,318</u>



**Federal Statements****Taxable 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>US Obs (\$ or %)</u>
CDS	\$ 27,282			18		
Total	\$ 27,282					

**Federal Statements**

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK CHARGES	\$ 3,610	\$ 154	\$ 3,456	\$
Total	\$ 3,610	\$ 154	\$ 3,456	\$ 0

**Federal Statements**

Schedule A, Part III, Line 1(e)

Description	Amount
CONTRIBUTIONS	\$ 451,573
MetroCorp	
Cash Contribution	15,000
Commonwealth Charitable Fund	
Cash Contribution	11,000
Blue Cross Blue Shield of Louisiana	
Cash Contribution	10,000
West Pharmaceutical Services	
Cash Contribution	6,180
Brandon Running Association Inc	
Cash Contribution	6,000
Christopher Dalely Foundation	
Cash Contribution	6,000
Katy Area Running Club	
Cash Contribution	6,000
Carney Kids Foundation	
Cash Contribution	5,500
Eastern Systems	
Cash Contribution	5,075
Anthon Chiropractic Care	
Cash Contribution	5,000
GT Independence	
Cash Contribution	5,000
Saints of the Apocolypse Motorcycle	
Cash Contribution	5,000
Veterans United Foundation	
Cash Contribution	5,000
Total	\$ <u>542,328</u>

**Federal Statements**

Schedule A, Part III, Line 2(e)

Description	Amount
RAGNAR & RACE SERIES	\$ 122,362
FINISH LINE SALES	67,141
Total	<u>\$ 189,503</u>

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

Description	Amount
CDS	\$ 27,282
Total	<u>\$ 27,282</u>