	Check if the organization used Schedule		any augetion in this	Dort II		
	area or gar region adout our rodate	o to respond to t	any quescon in this	(A) Beginning of year	(B) Er	d of year
22	Cash, savings, and investments	0.0000000000000000000000000000000000000	1 5 5 5 5 5 5 F	659	-	659
23		or source or all	11111111111		23	999
24					24	
25	Total assets		1	659	-	659
26	Total liabilities (describe in Schedule O)				26	
27	The second secon			659	27	659
Par	rt III Statement of Program Service Accom					
	Check if the organization used Schedule	O to respond to a	any question in this	PartIII ☑		enses
Wha	at is the organization's primary exempt purpose?	See Schedule O	A-10/		(Required to 501(c)(3) a	or section nd 501(c)(4)
as n	cribe the organization's program service accompli- measured by expenses. In a clear and concise m sons benefited, and other relevant information for ea	nanner, describe thach program title.	e services provided	, the number of		ns; optional for
28	No programs held or service accomplishing	nents during 202	0 due to COVID-1	9		
					202	
		includes foreign gr	ants, check here .	▶ □	28a	0
29	***************************************					
	(Granta \$	Tool doe foods			222	
30		includes foreign gr	ants, check here .	> 🗆	29a	
30	***************************************			***************************************		
	***************************************	**********		***************************************		
	(Grants \$) If this amount	includes foreign or	ants, check here .	▶ □	30a	
31	A CONTRACTOR OF THE PARTY OF TH				oou	
			ants, check here .	▶ □	31a	
32	Total program service expenses (add lines 28a t	through 31a)			32	0
Par	TIV List of Officers, Directors, Trustees, and Key	Employees (list eac	th one even if not comp	ensated-see the in	structions	for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		
(a) Name and title		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to amploy benefit plans, and deferred compensation	ather co	ited amount of empensation
Rita Myers		2	12	8		
Treasurer		-		8	0	
Jermia Jerdine		2			0	
200	sident					-
*****	na Hamilton	1	a	8	0	0
Seci	retary	50	- 60	8		

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					+	-
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					-	
		V.				

