## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public.

Open to Public

		Revenue Service	▶ Go to www		nuners on this to	rm as it ma	ay be r	nade public.		Open to Public
	A For	the 2020 calen	ndar year, or tax year begi	nning January 01	nor instructions	and the lat	est inf	ormation.		Inspection
1	B Che	ck if applicable:	C Name of organization HI-T	ECH CHADITIES	, 20	20, and en	ding [	ecember 31		20 20
ĺ	Add	lress change		ECH CHARITIES				DE		dentification number
]		ne change		LOTT CHARTIES					9.	4-3397413
		al return	Number and street (or P.O. 5920 DR MARTIN LUTHE	Dox if mail is not deli	ivered to street addre	ess)	Roon	√suite ET	elephone r	**************************************
Ī		return/terminated					1			4-389-5737
Ī		nded return	City or town, state or provir SAINT LOUIS, MO 63112-	nce, country, and ZIP	or foreign postal coo	je				4-309-3737
Ē			(manufacture 10 10 10 10 10 11 12 1	-0010						
l	ادادار ،	readon pending	F Name and address of princip	oal officer: FRANCI	S ONUKWUE	ANTERIOR DE LA COMPANSION DE LA COMPANSI	THE RESERVE AND PARTY OF THE PA	LI(a) la di	ross receip	ots \$ 356,9
ī	Tax-	exempt status:	L 2950 DK MAKTIM LUTHE	R KING DR, SAIN	T LOUIS,MO,6311	2-3516	]	Titel) is this a group ref	urn for subord	linates? Yes 🕡 No
.1				()	4947(a)(1	or 527	,	rr(b) Are all subord	inates incli	uded? Yes No
 Κ		With the Control of t	ww,htc,ngo					If "No," attach	a list. See	instructions
1000	Parit	or organization:	Corporation Trust Assoc	iation ☐ Other ▶		L Year of for		H(c) Group exemp		
		WG					methon;	2007 MS	ate of lega	l domicile: MO
	, 1	Briefly desc	oribe the organization's n le O.	nission or most s	Significant activit	·ísa:			***************************************	
ç	<u> </u>	See Schedul	le O.			.165.	*****			
7.	§		~= = = = = = = = = = = = = = = = = = =	~ W		H	~			
8	2	Check this t	box 🕨 🔲 if the organizat	jon discontinue	lite approximation					, m m
Č	3	Number of v	box ▶ ☐ if the organizat voting members of the g	Overning body (E	Part VI line 4-)	or aispose	d of m	ore than 25%	of its ne	t assets.
90	4	MALLIDER OF I	independent voting mem	horn of the	,		•	3	İ	9
<u></u>	5	Total numbe	independent voting mem er of individuals employe	nd in calandarys	aning body (Part	VI, line 1	b) .	4		9
Activities & Governance	6	Total numbe	er of volunteers (estimate	if noocenned	ar 2020 (Part V,	line 2a)		5		9
Ą	7a	Total unrelat	ted business revenue fro	n necessary) ,				6		13
	b	Net unrelated	d business taxable inco-	m Part VIII, Colui	mn (C), line 12			7a	\$	0
			d business taxable incor	rie from Form 99	00-T, Part I, line	11		7b		U
ψ	8							Prior Year		Current Year
Revenue	9	Program sen	is and grants (Part VIII, lir vice revenue (Part VIII, lir	ne inj			\$	183,00		
eve	10						\$	456,00		235,268
œ	11	Other revenu	ncome (Part VIII, column	(A), lines 3, 4, at	nd 7d)		\$	.00,00	\$	121,705
	12	Total revenue	ie (Part VIII, column (A), I	ines 5, 6d, 8c, 9d	c, 10c, and 11e)		\$	302,700		0
	13						\$	941,700		0
	14						\$	341,700		356,973
10	15	- oriente pala	i iu ui iui members mart	IX column (A) I	t	: · · · · · · · · · · · · · · · · · · ·	\$		\$	0
Se	16a						\$	460 700	\$	0
Expenses			· ····································	CONTROL 197 Fig	ad add 1	,	\$	462,700	\$	143,847
ă	17		2018 CARCHOCO (F21/1 FX - C/	70 H (1) 20 C (1) 11 C (2) C (1) 11 C	~\ L.	6,500	φ	·······	\$	0
İ	'	Outer exhelise	i⊎S (Part IX column (A) ii	nondd - dd i i		·	j,			
ł	18	A COUNTY OVER 199	30: MUU IIJIES 13-17 (mile	t amust Doet IV	column /A\ Bno c	[4	P •		\$	168,637
- 6	19	Revenue less	expenses. Subtract line	18 from line 12	, cidiriii (ry, iii)e 2	(C)	<u>,                                      </u>	462,700	\$	312,484
nce in								479,000	\$	44,489
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)			]	3eginnir	g of Current Year		nd of Year
nd A	21	Total liabilities	(Part X, line 26)			35		2,507,703	\$	2,326,905
22	22	Net assets or f	fund balances. Subtract	line 21 from line	20	[5		8,995		46,500
Paj	anness de la company		e de la company		······································	\$	·	2,498,708	\$	2 290 405
Unde	or penal	ties of perjury, I de	clare that I have examined this	rotum includios					·	
uue,	corract,	and complete. De	colare that I have examined this colaration of preparer (other than	nofficer) is based on	ompanying schedule	s and staten	nents, a	nd to the best of m	y knowled	ge and helief it is
		Olement .			The state of the s	ou brebarer	nas any	knowledge.		o and policy it is
Sigr		Signature of	f officer							······································
Her	e	Barbara Bi	rown , Vice President of O		32101820213 <sup>2</sup>	1922000	40	Date		
		Type or print	t name and title	perations	02101020210					
Paid		Print/Type prepa		Dynami						
		Ĭ	· · · · •	Preparer's signatur	θ	Date	9	Check	I H PTIN	
les iet	oarer Only	Firm's name	<b>&gt;</b>					self-emple		•
wot	VIIIY	Firm's address	***************************************					Firm's EIN ▶		
∕ay t	he IRS	discuss this n	eturn with the					Phone no.		***************************************
or Pa	berwo	rk Reduction *	eturn with the preparer s	nown above? Se	ee instructions				1 7.	V
		··· reduction A	ct Notice, see the separat	e instructions.		Cat No.	11220	· · · · · ·	· L	Yes No

	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III.	Pa
1	Briefly describe the organization's mission:	
	The following suppowers low income and at risk individual families in the community through	
	quality healthcare, education, economic development. In 2020 during the COVID-19 pandemic,  Hi-Tech Charities continued its mission.	
	and the continued its mission.	******
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?  If "Yes," describe these pages and the program services during the year which were not listed on the	
_	If "Yes," describe these new services on Schodule C	i V
3	Did the organization cease conducting or materials to the	
	services?	····
4	If "Yes," describe these changes on Schedule O.	L N
-¥	Describe the organization's program service accomplishments for each of its three largest program services, as mea expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	asured to othe
4a	/ CADCISES S 312 484 is all all all all all all all all all al	
	Form 990, Part III, 4a: The majority of Hi-Tech Charities revenue were derived from healthcare.	73)
	expenses were expended on the same.	, /
		· ~ * * * * * * * * * * * * * * * * * *
ļb	(Code: ) (Expenses 4	~~~~~~
	(Code:) (Expenses \$0including grants of \$0) (Revenue \$	A)
	A MONITOR A LANGE TO THE PROPERTY OF THE PROPE	<u>U)</u>
•		~
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C ((	(Code:) (Expenses \$o including grants of \$0) (Revenue \$o	
	o including grants of \$ 0) (Revenue \$ 0)	)
		******
  Ot	ther program services (Describe on Schedule C.)	
(12)	ther program services (Describe on Schedule O.)  Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)  Otal program service expenses \$ 312.484	

### ParitiV Checklist of Required Schedules

	<ul> <li>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"</li> <li>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"</li> </ul>		Yes	No
	is the organization required to complete School to D. O.	1		
	<ul> <li>Is the organization required to complete Schedule B, Schedule of Contributors See instructions?</li> <li>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to</li> </ul>	2		
	4 Section 501(c)(3) organizations Distributions	3		V
	5 Is the organization a postion Fortive Fortiv	4		V
,	Did the organization maintain	5		V
ı.	nave the right to provide advice on the distribution or investment of amounts in such funds or accounts? If if "Yes," complete Schedule D, Part I			
	the environment, historic land areas or historical	6		
3	Complete Schedule D, Part II	7		V
g	Uld the organization report on any state of the state of	8		V
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a debt negotiation services? If "Yes," complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes" complete School to D. School to	9		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI.	10		
á	a Did the organization report an amount for land, buildings, and equipment in Part X, line 102 if "Yes."	. ].		2.5
k	9 Did the organization report on any second of	1a [	고 [	
Ċ	2 Did the organization report on a second of the confidence of Fall VII.	1 dr		V
d	Did the organization report an amount to all the organization report an amount to all the organization report an amount to all the organization report and amount to all the organization reports and amount to all the organization reports and amount to all the organization reports and amount to all the organization reports and amount to all the organization reports and amount to all the organization reports and amount to all the organization reports and amount to all the organization reports and amount to all the organization reports and amount to all the organization reports and amount to all the organization reports and amount to all the organization reports and amount to all the organization reports and amount to all the organization reports and amount to all the organization reports and amount to all the organization reports and amount to all the organization reports and amount to all the organiza	1c [	<u> </u>	2
е	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets	1d   [	7/6	2
f	Did the organization's sopprets or associated an additional formation in the 257 if "Yes," complete Schedule D. Part X 1	1e		
12a	Did the organization obtain separate, independent audited financial statements for the property of the propert	11 [		<u>.</u>
b	Was the organization included in appreciate the state of the control of the contr	≥a C	] [	2
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(i)(2) If "Yes," account 1.50 Parts XI and XII is optional	∫	7   [-	
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			<u> </u>
b	Did the organization have aggregate		11	
	Did the organization have aggregate revenues or expenses of more than \$10 000 from grantmaking, foreign investment, and program service activities outside the United States, or aggregate Did the organization report on Part IX column (A) line 0, more than \$10 000 from grantmaking, foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.			<u>-</u> .
15	for any foreign organization? If "Yes." complete School to F. Dark W.	b L	] [2	
16	Did the organization report on Bort IV pales (A)			]
17	Did the organization report a total of more than the state of more t		]   [	]_
18	Did the organization report more than \$45,000 to 15		1 2	]
19	Did the organization report more than \$45,000 ct.		1	
20a	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule 19			
zva b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .  19 20a, did the organization attach a copy of its guidited for	<u> </u>		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20a  20a  20a			-
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21	- - <b> </b>		•
	21 21 21 21 21 21 21 21 21 21 21 21 21 2			

B.O	ant IV Checklist of Required Schedules (continued)			Page 4
2	2 Did the organization report more than \$5,000 or		Yes	No
	<ul> <li>Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on</li> <li>Did the organization are "Yes," complete Schedule I, Parts I and III</li></ul>			
2	Uld the organization anomor "Yest to be a seen and the organization anomor "Yest to be a seen as a seen a	22		1
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	1		
24	4a Did the organization have a term	23		4
	Did the organization have a fax-exempt bond issue with an outstanding principal amount of more than through 31st day of the year, that was issued after December 31, 2003 8 600.	20		
	throught 24d and complete Schedule K. If "No." was to the South Bell ST, 2002? If "Yes," answer lines 24h	ł		<u> </u>
	Did the organization invest any proceeds of the	24a		V
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
	d Did the organization act as an "on books" at a second at any time during the year	24c		
25	a Section 501(c)(3) 501(c)(4) and 501(c)(2)	24d		
	transaction with a disqualified person during the variety for the organization engage in an excess benefit	- 10	<u> </u>	
	b Is the organization aware that it opposed to	25a		V
	year, and that the transaction has not been reported on any of the organization's pror Forms 990 or 990-EZ?			***************************************
26	If "Yes," complete Schedule L, Part I.  Did the organization reported on any of the organization's prior Forms 990 or 990-EZ?	OFL		
	or former officer, director, trustee, have been all for 22, for receivables from or payables to any oursest	25b	<u> </u>	4
	controlled entity or family member of any of these persons? If "You" locally substantial contributor, or 35%	1.	}	
27	Did the organization provide a great and the	26		1
	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			
28	Was the organization a party to a business to	27	$\neg$	V
	IV instructions, for applicable filing thresholds, sandifful and the following parties (see Schedule I. Part			
а	A current or former officer director trucks.			. "
b	"Yes," complete Schedule L, Part IV  A family member of any individual deposits at 1. It is a second and 1. It is a second and 1. It is a second and 1. It is a second and 1. It is a second and 1. It is a second and 1. It is a second and 1. It is a second and 1. It is a second and 1. It is a second and 1. It is a second and 1. It is a second and 1. It is a second and 1. It is a second and 1. It is a second and 1. It is a se	ا آا م	,	<del>- 1</del>
c		8a   [ 8b   [	=  -	<u>4</u>
	"Yes," complete Schedule I. Part IV.			<u>.V.</u>
29	Did the organization receive more than \$25,000 in non-peak and the contract of	8c [		V
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	9 [	<u> </u>	
31	conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate terminate or discrete	<u>, Г</u> г	—ı	71
32	O THE TOTAL MANAGEMENT OF THE CONTRACT OF THE	0 L		7
	complete Schedule N, Part II "Yes."			<u>~</u> 1
33	Did the organization own 100% of an antitury	2   L	_	<u>v</u> ]
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  Was the organization related to any tax-exempt or taxable and to the complete Schedule R.	_   _	7/ [	2
34		3   -		<u> </u>
35a	or IV, and Part V, line 1  Did the organization have a controlled entity within the magning of parties Science Schedule R, Part II, III,	$_{a}\mid \square$	] [	2
b	If "Yes" to line 35a did the organization		] [ [	2
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35		7 / /	<u> </u>
16	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	b <u> </u>	-  L	
7	related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its pativities there is a strictle organization conduct more than 5% of its pativities there is a strictle organization conduct more than 5% of its pativities there is a strictle organization conduct more than 5% of its pativities there is a strictle organization conduct more than 5% of its pativities there is a strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativities the strictle organization conduct more than 5% of its pativiti		]  [	2
•	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 "	<u>'</u>		*******
8	Did the organization complete Schedule Q and provided the organization complete Schedule R, Part VI 37	·   [		2
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.			7
art \	a viatements regarding Other IRS Filings and Toy O			
	Check if Schedule O contains a response or note to any line in this Part V		Γ-	7
ia	Enter the number reported in Box 3 of Form 1006. Enter 0.16	Yes	· L	<u>.</u>
	anto the number of Forms W-2G included in line 1s. Enter O K 1	1		<del></del>
c [	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
	J- 1- STATE WITH TOLD		,	i.
	1c		11 1	

	Statements Regarding Other IDO 5:11	
	Paint V Statements Regarding Other IRS Filings and Tax Compliance (continued)	Page 5
	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with as within the	Yes No
	Statements, filed for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file.	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required.	
	Note: If the sum of lines 1a and 2a is greater than 250	2b
	3a Did the organization have unrelated business and a bid the organization have unrelated business and bid the organization have unrelated business and bid the organization have unrelated business and bid the organization have unrelated business and bid the organization have unrelated business and bid the organization have unrelated business and bid the organization have unrelated business and bid the organization have unrelated business and bid the organization have unrelated business and bid the organization have unrelated business and bid the organization have unrelated business and bid the organization have unrelated business and bid the organization have unrelated business and bid the organization have unrelated business and bid the organization have unrelated business and bid the organization have unrelated business and bid the organization have unrelated business and bid the organization have unrelated business and bid the organization have been been been been been been been be	
	<ul> <li>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</li> <li>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</li> <li>At any time during the calendar year, did the organization base and in the properties have a serial part of the properties have a serial</li></ul>	3a 🖂 🗔
	4a At any time during the colondary was "I was year? If "No" to line 3b, provide an explanation on Schedule O	3a
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	
	a financial account in a foreign country (such as a bank account, securities account, or other authority over, b If "Yes," enter the name of the foreign country >	
	b If "Yes," enter the name of the foreign country ▶	4a 📗 🗷
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time division.	
	<ul> <li>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</li> <li>Did any taxable party notify the organization that it was or is a party to a prohibit.</li> </ul>	
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T2	5a 🗸
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are nearly to a prohibited tax shelter transaction?	5b
(	Does the organization have applied and the control of the control	5c
	organization solicit any contributions that were are normally greater than \$100,000, and did the	
	b If "Yes," did the organization include with a real tax deductible as charitable contributions?	6a 🔲 🔽
	Office was and the second state of the second	
7	Organizations that may receive deductible?	6b 🗆 🗆
	Organizations that may receive deductible contributions under section 170(c).	
	and services provided the payment in excess of \$75 made partly as a contribution and partly as	
	b If "Yes," did the organization politically and a solution and partity for goods I	
		7a 📗 🗾
	PAGE SECTION OF THE S	7b 🔲 📗
	d If "Yes" indicate the pure to the firm 8282?	
	" " 'Voi inglocate the pumper of Forme 2000 to 1	7c
	= 1 V V MUNICULAR RELEAVE SINCE	
1	Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the present the distribution of qualified intellectual property, did the property did	7e 🔲 🗸
9	If the organization received a contribution of qualified in the organization received a contribution of qualified in the	71
ŀ	and a significant received a contribution of care boots aimstance and a significant	7g 7
8	Sponsoring organizations maintaining languages, or other vericles, did the organization file a Form 1098-C2	7h
	sponsoring organization have excess hypinose haldings. Did a donor advised fund maintained by the	
9	Sponsoring organizations maintaining depart at the start and during the year?	8 1
а		<u> </u>
b	Did the sponsoring organization make any taxable distributions under section 4966?	9a   🗆   🗂
10	Continue to at the second of t	9b
а	Initiation fees and capital contributions in the contribution fees and capital contributions in the contributions in the contributions in the contributions in the contributions in the contributions in the contributions in the contributions in the contributions in the contribution in th	20   1   1   1
b	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Park VIII, line 12	1 1
11	Gross receipts, included on Form 990, Part VIII, line 12	
а		
b	Gross income from members or shareholders	
N		
12a	against amounts due or received from them.)  Section 4947(a)(1) pon-exempt charitable tracks to the sources 11b	
d	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	2a 📗 📗
13		
a	TO STORY OF SECULAR PROPERTY OF THE SECULAR PROPERTY OF THE SECULAR PROPERTY OF THE SECULAR PROPERTY OF THE SECULAR PROPERTY OF THE SECULAR PROPERTY OF THE SECULAR PROPERTY OF THE SECULAR PROPERTY OF THE SECULAR PROPERTY OF THE SECULAR PROPERTY OF THE SECULAR PROPERTY OF THE SECULAR PROPERTY OF THE SECULAR PROPERTY OF THE SECULAR PROPERTY OF THE SECULAR PROPERTY OF THE SECULAR PROPERTY OF THE SECULAR PROPERTY OF THE SECULAR PROPERTY OF THE SECURAR PROPERTY OF THE SECULAR PROPERTY OF THE SECURAR PROPERTY O	
	TO THE PROPERTY OF THE PROPERT	sa 🖂 🦳
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.	
	the organization is licensed to issue qualified health plans	
C	Enter the encount of a	
14a	Did the organization receive any payments for in-t-	
b		
15		
	excess parachute payment(s) of more than \$1,000,000 in remuneration	<u> </u>
	excess parachute payment(s) during the year?  If "Yes," see instructions and tile Form 1700.	
16		
• •	to the organization an educational institution subject to the sent	_  _
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	If "Yes," complete Form 4720, Schedule O.	

100	ParitWi Governance Management and Did
Rida	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 Selection 1.
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.
S	COUNTRY TO MARKET THE
******	
	1a Enter the number of voting and the second
	1a Enter the number of voting members of the governing body at the end of the tax year   1a   9   Yes   No
	If there are material differences in voting rights among members of the governing body, or  if the governing body delegated broad authority to an authority to
	if the governing body delegated broad authority to an executive committee or similar
	b Enter the number of voting members in the
	b Enter the number of voting members included on line 1a, above, who are independent . 1b 9
	any other officer, director, trustee, or key employee have a family relationship or a pusiness relationship with
	Did the organization delegate control over management duties customarily performed by or under the direct
4	supervision of officers, directors, trustees, or key employees to a management company or other person?
£	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  3 Did the organization become aware during the year of a significant diversion of the prior Form 990 was filed?
6	Did the organization become aware during the year of a significant diversion of the organization's assets?
7	Did the organization have members or stockholders?
	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?
	b Are any governance decisions of the organization and the organization and the organization are the organization and the organization and the organization are the organization and the organization and the organization are the organization and the organization and the organization are the organization are the organization
	b Are any governance decisions of the organization reserved to (or subject to approval by) members,
8	stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings hold as with
	Did the organization contemporaneously document the meetings held or written actions undertaken during  7b
	a the governing body?
ı	b Each committee with authority to act on behalf att
9	
	the organization's mailing addition in the complete in Part VII, Section A who cannot be constructed in
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)
	, surround about policies not required by the Internal Revenue Code.)
10a	Ves No.
ita	' 11 TOO, URU HIP OMISHION hours will have
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
b	Describe in Schedule O the process if any used but the meriod so its governing body before filing the form?
12a	Did the organization have a written conflict of interval of the organization to review this Form 990.
b	Were officers, directors, or trustees, and key employees required to directors around the first seek and key employees required to directors around the first seek and key employees required to directors around the first seek and key employees required to directors around the first seek and key employees required to directors around the first seek and key employees required to directors around the first seek and key employees required to directors around the first seek and key employees required to directors around the first seek and key employees required to directors around the first seek and key employees required to directors are seek as the first seek and the first
С	Did the organization regularly and consists at the disclose annually interests that could give rise to conflicts?
13	describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?
14	Did the organization have a well
15	Did the process for determining companyation and destruction policy?
	independent persons, comparability data and control following persons include a review and approval by
а	The organization's CEO. Executive Director, or too make a disortal relation of the cellberation and decision?
b	Other officers or key employees of the organization
	If "Yes" to line 15a or 15b, describe the process in School 1.0
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar
b	If "Yes," did the organization follow a written policy as
-	participation in joint venture and 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?  On C. Disclosure
ecti	on C. Disclosure
	List the states with which a copy of this Form 990 is required to be filed ▶
	Occupit 0 104 (equires an organization to an include the second of the second organization to an include the second organization to an include the second organization to an include the second organization to an include the second organization to an include the second organization to an include the second organization to an include the second organization to an include the second organization to an include the second organization to an include the second organization to an include the second organization to an include the second organization to a second organization
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)
ſ	L Own website   Anothor's website   The website   Own website   Anothor's website   The website   Th
	and financial statements available to the public division the organization made its governing documents, conflict of interest policy
	State the name, address, and telephone numbers of the
	State the name, address, and telephone number of the person who possesses the organization's books and records ▶  Barbara Brown, 5920 Dr. Martin Luther King Drive, Saint Louis, MO, 63112, (314) 389-5737
-	

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

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

- · 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	re persons a	above							- Setting (1)	•
Check this box if neither the organization r	or any relati	ea org	gani	zati	on (	comp	ensa	ated any curre	nt officer, direct	Or. Or trustee
(A)	ļ									or, or didatee.
Name and title	(B)	(do	not o	Po	sition	1		(a)	47-1	1
reante and tale	Average	box.	unle	ss n	areor	e than is bot	one	Reportable	(E)	(f <sup>2</sup> )
	hours per week	ome	er an	id a d	direct	tor/trus	steel	compensation	Reportable compensation	Estimated amount
	(list any	우 첫			7	O I	71	from the	from related	Componentia
	hours for	divid	∫ ∰	Officer	e ye	ag g	Former	organization	organizations	from the
	related	dua	ļ ģ	144	(F)	ast o	Į ĝ	(W-2/1099-MISC	C) (W-2/1099-MIS	C) crganization and
	organizations below	3 5	<u>n</u>		Key employee	l m m	} }			related organizations
	dotted line)	Individual trustee or director	Institutional trustee		8	pen			ļ	}
	1		6	ļ		Highest compensated employee				
(1) Francis Onukwue	40.00					Ľ.				ļ
President	0.00							\$18,000		
(2) Barbara Brown	40.00									
Vice President of Operations	0.00							\$3,250		
(3) Chidimma Nwankwere	40.00							74,200		
Vice President of Programs	0.00					$\Box$		\$4,100		
(4)								71,100		
			7	7	_					
(5)	-						Щ.		1	
(6)	ļ <u>.</u>	L		_		니비			ĺ	
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(7)				-	╼╢	ᆜᆘ	_			}
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(12)				_			_			
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(13)							_			
			7	1	1 _	┑╟╴	7			
(14)			-				4		}	
		٦ /r	┰	1	1 [					
				1	1  -		4		j	

Section A. Officers, Director	s, Trustees.	. Kev	Em	ınla	100	e and	R.F.S.	- 1			Page
Section A. Officers, Director		, , ,	Part # 4	(C	) ()	s, and	rugn	est Con	ipen	sated Emplo	yees (continue
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	do box offic individue or direct	not c , unle per an Institutiona	Posi check r iss per id a di	tion nore son i recto	than one is both a r/trustee	e n ) co	(D) Reportable mpensation from the ganization // 099-MISO		(E) Reportable compensation from related organizations W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organization
(15)	dotted line)	tee	irustee		en	compensated					
	- A   N -   A   N   D   N   A   N   D   N   A   A					7	1		_		**************************************
(16)		F				7 -	1		-		
(17)				·	L		1		_		
(18)					1 -						
(19)					][						
(20)	Total   10 to 10										
					1						The state of the s
(21)		<u> </u>	_		1 -						
(22)											
(23)											
(24)											
(25)	<u> </u>										
	[				Γ				**************************************		***************************************
1b Subtotal c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section	· · ·		• •				\$25,350			
Total number of individuals (including but reportable compensation from the organization)	not limited to zation	thos	e lis	ited a	ibov	/e) who	) rece	\$25,350 ved more	thar	n \$100,000 of	
3 Did the organization list any former o employee on line 1a? If "Yes," complete S	rc:			<del></del>		employ	/ee, c	highest	cor	mpensated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations of individual			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	101(464	u,						3 🔲 🕡
5 Did any person listed on line 1a receive or for services rendered to the organization?		•	•	• •	•	• •	-	rganizatio	n or	individual	4
1 Complete this table for your fire bid.				CCCT		or suc	n pers	on			5
(A)	· · · · · · · · · · · · · · · · · · ·	on fo	r the	cale	nda	r year e	ending	WILL OF W	ithin	the organizati	क । uu, uuo of on's tax year.
Name and business addre	SS		·			İ		(B) on of service			(C) ensation
			**********				VAV.				
2 Total number of independent contractors	final all										
2 Total number of independent contractors received more than \$100,000 of compensation	on from the o	ut no rgani:	t lir zatio	nited on ▶	to	those	listed	above)	who		

Part VIII Statement of Revenue

	***************************************	Check if Schoolule Communication					Page
•		Check if Schedule O contains a respon	se or note	to any line in this	Part VII		
				(A) Total revenue		(C) Unrelated	(D) Revenue exclude
,	Grants	1a Federated campaigns 1a			- Idination reveiling	business revenue	from tax under sections 512–514
j		u Membership dues					000000000000000000000000000000000000000
	ΣĔ	c rundraising events					
ġ		u related organizations			1		
Contributions One.	and Other Similar Amounts	e Government grants (contributions) 10		0			
ì	3 8	All other contributions gifte grante	187	,355			
2 2 2 3 3 3	<u>ģ</u>	and similar amounts not included above 11	47	7,913	1		
* **	(8 €	9 Noncash contributions included in		,010		·	100
Ę	2	lines 7a-1f.	340,	500			
	- 10	h Total. Add lines 1a-1f					estate Service de la companya de la companya de la companya de la companya de la companya de la companya de la company
Φ	.		Business Co		8		
ζĊ		Health Services					
Ğ	Revenue			121,705			
E	e l	***************************************					,
in in	C.	d					
Program Service		f All other					
ludos		* All Other program service revenue		***************************************			
~	- 3			▶ 121,705			~
	`	"TYPE ROLL INCOME INCIDENCE AND A SECTION OF		nd			
	4	and white an indulties		. 1		1	
	5	Income from investment of tax-exempt bond Royalties	proceeds				
	Í		******	<b>&gt;</b>			
	6	Gross rents 6a (i) Real	(ii) Personal				
		Less: rental expenses 6b		_			
	-   -	Rental income or (loss) Go				j	
	(			0		[	
	7:		(ii) Other	> 0		***************************************	
	1	sales of assets	(i) Other	_			
		other than inventory 7a					
evenue	k	Less: cost or other basis					
ě,		and sales expenses . 7b					
D.	C	Gain or (loss) 7c 0		0		İ	
ĕ	d	Net gain or (loss)	>				
Other	8a	Gross income from fundraising					
-		events (not including \$					
		of contributions reported on line 1c). See Part IV, line 18				}	**
	b		***************************************			.	
	c	Less: direct expenses 8b				ļ	
	9a	Net income or (loss) from fundraising events  Gross income from gaming	· . Þ	0			
	]	activities See Dort IV II 10					
	b	Gee: direct our					
	c	Net income or (loss) from gaming activities .					
	10a	Gross sales of inventory, less	<u>&gt;</u>	0			
		returns and allowances 10a					
j	b	Less: cost of goods sold 10b		<u> </u>			
	С	Net income or (loss) from sales of inventory .					
ဋ္ဌ			ness Code	0			
Revenue	11a		OOUG				
<u>e</u> <u>e</u>	b						The state of the s
Revenue	c						
	d	All other revenue					***************************************
	40	Total. Add lines 11a-11d	. >	0		<u> </u>	
	12	Total revenue. See instructions		356,973			
				- 50,010;	[ 0]	0	0

# Form 990 (2020)

Sec	Statement of Functional Expenses			-		Pa	ge <b>1</b>
	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respons	nplete all columns. /	All other organiz	ations	must complete	Column (A)	
L/O	HOT INClude amounts reported on lines Ch. TI		ne in this Part I	Χ.			
8b,	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program serv		(C) Management and		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	ice	Management and general expenses	(D) Fundraising expenses	-
2	Grants and other assistance to domestic individuals. See Part IV, line 22				****		
3	Grants and other assistance to the		***				
	foreign individuals. See Part IV, lines 15 and 16						
4	Deficits paid to or for members	And the state of t		<u> </u>			
5	Compensation of current officers, directors, trustees, and key employees						·····
6	Compensation not included above to disqualified persons (as defined under section 4059(9/4))						
,	persons described in section 4958(c)(3)(B)						
7 8	Other salaries and wages	100,014	100	,014			
9	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		100	»U14			
9	Other employee benefits	the state of the s					
1	rayron taxes	43,833	43	833			
a	rees for services (nonemployees):		70.	-			
b	Legal	77,681	77,6	81			
C	Accounting						
d	Lobbying .						
е	Professional fundraising services. See Part IV line 17						
ŕ	investment management fees						
g	Uther, (if line 11g amount exceeds 10% of line or						
,	y dimount, list line Tig expenses on Schedule () \		' 				
<u>2</u> }	Advertising and promotion						
•	Office expenses	29,694	29,69	<u> </u>			
	Information technology	24,999	24,99		***************************************		
;	Royalties				·		
	[ravel	36,263	36,26	3			
	Payments of travel or entertainment expenses						
	or any rederal, state, or local public officials						***
١,	conterences, conventions, and meetings .			_		**************************************	
	nterest Payments to affiliates						<b></b>
	Depreciation, depletion, and amortization						-
ħ	nsurance				54,000		
C	Other expenses. Itemize expenses not covered						
CL	POVE (LIST HISCONATION IS AVAILABLE OF HEAD ALL IN I		** of the state of			***************************************	
,,,,	16 246 amount exceeds 10% of line 25 polyment		4		Í	•	
( <i>F</i>	y amount, list line 24e expenses on Schedule ()				[		
	Fundraising			<del> </del>			
				<u> </u>		6,500	
~							
Ā	other expenses						
	total functional expenses. Add lines 1 through 24e						
UC	IIII GOSTS. Complete this line and it is	312,484	312,484	L	54,000	6,500	
fre	ganization reported in column (B) joint costs on a combined educational campaign and ordraising solicitation. Check here □ if lowing SOP 98-2 (ASC 958-720)		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.000	

Check if Scherdule O contains a response or note to any line in this Part X  A)  (A)  (B)  (B)  (B)  (B)  (B)  (B)	Pan	Balance Sheet				Pag
Cash—non-interest-bearing		Check if Schedule O contains a response or note to any line in this P	art V			
Cash—non-interest-bearing   Peptinning of year   End of year		y modification 1	ait A		<del></del>	· · · · · · · · · · · · · · · · · · ·
2   Savings and temporary cash investments	1	Cash—non-interest-bearing	Begini	ning of year	.	End of year
Piodeges and grants receivable, net  Accounts receivable, net  Accounts receivable, net  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  Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), and persons described in section 4958(c)(3)(B)  Notes and loans receivable, net  Inventories for sale or use Inventories for sale or use Inventories for sale or use Perpaid expenses and deferred charges  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  Less: accumulated depreciation Investments—publicly traded securities Investments—bublicly traded securities Investments—other securities. See Part IV, line 11  Intangible assets Investments—bublicly traded securities Investments—bublicly traded securities Investments—bublicly traded securities Investments—bublicly traded securities Investments—program-related. See Part IV, line 11  Intangible assets Investments—bublicly traded securities Investments—program-related. See Part IV, line 11  Intangible assets Investments—bublicly traded securities Investments—bublicly traded securities Investments—bublicly traded securities Investments—bublicly traded securities Investments—bublicly traded securities Investments—bublicly traded securities Investments—bublicly traded securities Investments—bublicly traded securities Investments—bublicly traded securities Investments—bublicly traded securities Investments—bublicly traded securities Investments—bublicly traded securities Investments—bublicly traded securities Investments—bublicly traded securities Investments—bublicly traded securities Investments—bublicly traded securities Investments—bublicly traded s	2	Savings and temporary cash investments		7.8	89 1	
Accounts receivable, net  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  Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  Notes and cloans receivable, net Investments and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  Notes and loans receivable, net Investments and deferred charges Prepaid expenses and deferred charges Prepaid expenses and deferred charges And, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D Less: accumulated depreciation Investments—publicly traded securities Investments—publicly traded securities Investments—program-related. See Part IV, line 11 Investments—other securities. See Part IV, line 11 Intragible assots Cother assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)  Cother assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)  Tax-exempt bond liabilities  Tax-exempt bond liabilities  Tax-exempt bond liabilities  Lescrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (included on lines 17-24). Complete Part X of Schedule D Cother liabilities (not oncome on the separation on the separation or of the part IV of Schedule D Peferred revenue  Tax-exempt bond liabilities  23  Secured mortgages and notes payable to unrelated third parties  Other liabilities (not not follow FASB ASC 958, check here ▶ □  Total flabilities. Add lines 17 through 25  Organizations that do not follow FASB ASC 958, check here ▶ □  Pald-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumul	3	Pledges and grants receivable not				128,3
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   6   Loans and other receivables from other disquelified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   6   8     10   Notes and loans receivable, net   7   10   8   10   10   10   10   10   10	4	Accounts an attack				
controlled entity or family member of any of these persons  Loans and other receivables from other disqualified persons (as defined under section 4956(c)(3)(B)  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Investments—other of schedule D  Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  Less: accumulated depreciation  Investments—publicity traded securities  Investments—publicity traded securities  Investments—other securities. See Part IV, line 11  Interstments—program-related. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 33)  Z.507,703 16  Carants payable and accrued expenses  Total liabilities.  Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D  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  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here Image.  Organizations that do not follow FASB ASC 958, check here Image.  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total liabilities and net assets/fund balances  Total liabilities and net assets/fund balances	5			1 10		
Loans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), and persons described in section 4958(c)(3)(B) . 6  Notes and loans receivable, net . 7  Notes and loans receivable, net . 7  Prepald expenses and deferred charges . 8  Prepald expenses and deferred charges . 9  Prepald expenses and deferred charges . 9  Prepald expenses and deferred charges . 9  Less: accumulated depreciation . 100 . 54,000 . 2,498,708 . 10c . 2,195,8  Investments—publicly traded securities . 11  Investments—publicly traded securities . 11  Investments—bublicly traded securities . 11  Investments—publicly traded securities . 11  Investments—publicly traded securities . 11  Investments—publicly traded securities . 11  Investments—bublicly traded securities . 11  Investments—publicly traded securities . 11  Investments—publicly traded securities . 11  Investments—bublicly . 12  Interpolation . 12  Interpolation . 12  Interpolation . 13  Interpolation . 14  Interpolation . 15  Interpolation .		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of trust.		(, 10	30 14	2,6
Notes and loans receivable, net Inventories for sale or use Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments—publicly traded securities Investments—publicly traded securities Investments—publicly traded securities Investments—program-related. See Part IV, line 11 Investments—program-related. See Part IV, line 11 Integrible assets Other assets. See Part IV, line 11 Integrible assets Other assets. See Part IV, line 11 Integrible assets Other assets. See Part IV, line 11 Integrible assets Integr	6	Loans and other receivables from all			5	
Inventories for sale or use   7   7   8   9   Propaid expenses and deferred charges   9   Propaid expenses and deferred charges   9   Propaid expenses and deferred charges   9   Propaid expenses and deferred charges   9   Propaid expenses and deferred charges   9   Propaid expenses and deferred charges   9   Propaid expenses and deferred charges   9   Propaid expenses and dequipment: cost or other basis. Complete Part VI of Schedule D   10a   2.249,877   10b   54,000   2.498,708   10c   2.195,8   11   11   11   11   12   11   11   1	g 7					
9 Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10a	0 8	Inventories (				
Total Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D.  Less: accumulated depreciation  10a		12. 00.000 (100)				
b Less: accumulated depreciation 10b 54,000 2,498,708 10c 2,195,8 11c Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 Investments—orther securities. See Part IV, line 11 12 International sasets. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 14 15 International sasets. See Part IV, line 11 15 International sasets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 15 Other assets. Add lines 1 through 15 (must equal line 33) 16 2,507,703 16 2,326,94 17 Accounts payable and accrued expenses 7,345 17 46,55 17 46	1	. Topard expenses and deferred charges				
11   Investments—publicly traded securities   10b   54,000   2,498,708   10c   2,195,8   12   Investments—other securities. See Part IV, line 11   12   13   Investments—program-related. See Part IV, line 11   13   14   15   15   15   15   15   16   16   16		Schedule D		***************************************	9	
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2,507,703   33   2,326,905		and het assets/tund balances	1	***************************************	33	***************************************

Form **990** (2020)

Pari XI Reconciliation of Net Assets	a 40
Check if Schedule O contains a re-	Page 12
Check if Schedule O contains a response or note to any line in this Part XI  Total revenue (must equal Part VIII, column (A), line 12)	<u></u>
Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)	
Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  2	356,973
Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must occur) Part V. 13	312,484
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	44,489
6 Donotod assista	2,498,708
7 Investment expenses	/000 700
8 Prior period adjustments	(262,792)
8 Prior period adjustments	
10 Net assets or fund hatanoon at and a company of some of the company of the com	
32, column (B))	
Financial Statements and Reports	2,280,405
Check if Schedule O contains a response or note to any line in this Part XII	
a response of note to any line in this Part XII	
" Accounting method used to propore the Factorian Control of the C	
If the organization changed its method of accounting to	140
If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	in
were the organization's financial statements and the statements are the statements and the statements are the statements and the statements are th	1 1 1 .
If "Yes," check a box below to indicate whether the financial statements for the year were compiled "Separate basis, consolidated basis, or both:	.   2a
reviewed on a separate basis, consolidated basis or both.	or l
LI Separate Dasis   1 Consolidated having Time	
b Were the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial accountant?	2b 🔲 🙀
If "Yes," check a box below to indicate whether the financial statements for the year were audited on	a
Separate basis   Consolidated basis   The it	
C If "Yes" to line 2a or 2b, door the array in the control of the	
the audit, review, or compilation of its financial statements and selection of an independent accountant?	of
If the organization changed either its oversight process or selection of an independent accountant?	2c 🔲 🔲
Schedule Q. Strip and the tax year exploing	n l
As a result of a federal award was the	
<ul> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the bull of the organization undergo the required audit or audits.</li> <li>b If "Yes," did the organization undergo the required audit or audits.</li> </ul>	e
W II IES. (III The organization and a	3a 🔲 🕡
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	e
undergo such audits.	3b   🗍   🗇

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

HI	-TECH	CHARITIES					Employer Idan es	Inspection
(P	(i) ing	Reason for Public (	Charity Ct.4	/011	····		Employer identif	ication number 94-3397413
	e organ	Reason for Public ( nization is not a private for A church, convention of ch	undation base	- (All organizations	must co	mplete t	this part.) See instr	ructions
1		t church, convention of cl	hurchee ar ana	-1-1-	Jugii iz,	CHECK OF	√ly one box.)	GOTOTO.
2	2 🔲 A	school described in sec	tion 170/61/41/4	Control of Cutilones G	escribed	in sectio	ที่ 170(b)(1)(A)(i).	
3	;	hospital or a cooperative	ر ۱۰٬۲۰۰۷ استانسمطی	With Arrest Schedille	⊨ (Form	990 or 99	90-EZ).)	
4	· DA	medical research organi	zation operated	in conjunction with a	ea in sea	ction 17(	(1)(1)(A)(iii).	
5	. L	medical research organizes	state:	Variotion With &	nospital (	described	in section 170(b)(1	)(A)(iii). Enter the
J		n organization operated ection 170(b)(1)(A)(iv). (C	for the benefit o	of a college or univers	sity own	ed or on	arata al la	
6	ГΊΛ	fectors state	omplete Part II.)		-70, 011,10	or or obt	rated by a governn	nental unit described in
7		TOUGIAL STATE OF LOCAL AN	Classical management					
	de	n organization that normal scribed in section 170(b	ally receives a s	ubstantial part of its	support 1	rom a go	Programental unit or t	from the accurate
8	$\Box$ A	community trust describe	odinanas. (Com	plete Part II.)		Ŭ	i i i i i i i i i i i i i i i i i i i	nom the general public
9	□Ar	community trust describe a agricultural research org university or a non-land- uiversity:	anization descu	0(b)(1)(A)(vi). (Comple	ite Part II	.)	:	
	or	university or a non-land-	grant college of	bed in section 170(b)	(1)(A)(ix)	operate	in conjunction with	a land-grant palls
40	un — a	university or a non-land-quiversity:	o ogo o, .	agnound (see instru	ctions). E	inter the	name, city, and state	of the college or
10	rer	ceints from potinition and	ly receives (1) m	ore than 331/3% of its	SHODOrf	#20755 Trans		
	su	ceipts from activities relat pport from gross investme quired by the organization organization organization	ed to its exempt ent income and	functions, subject to	certain e	xception	s: and (2) no more the	hip fees, and gross
11	ace	quired by the organization	after lung on	aringiated pasitioss to	xable inc	ome (les	s section 511 to a	om businesses
		~ . 30	DC OBOROLON	1			' GI G 1[1, ]	
t for	of .	organization organized at one or more publicly sup	nd operated exc	lusively for the benefit	of, to ne	erform th	ection 509(a)(4).	
	Che	one or more publicly sup eck the box in lines 12a th	ported organiza	tions described in se	ction 50	9(a)(1) o	Section 509(a)(a)	carry out the purposes
a	II	• <b>ype I.</b> A supporting orga	anization amount			3 -	anon and complete l	IDES 126 12f and 12m
		THE SUPPORTED Organization	an(e) the normal		IN ONCO D	y its sup	ported organization	s) typically by airing
		"" book in go or yarnzanon,	You must come	Mata Dart IV Carry		- rung with the C	vi me anectors of thi	IStees of the
b	<u> </u>	Type II. A supporting org	anization augus	d= 1		R.J.		
		Type II. A supporting org control or management o organization(s). You mus	f the supporting	organization vested in	onnection the car	on with it	s supported organiza	ation(s), by having
c		Signification(S). YOU MUS	î Complete Pari	IV Continue a	-	no person	no mai controt or ma	Inage the cupported
•		· ** · · · · · · · · · · · · · · · · ·	Alkatari A a			connect	on with and function	and the second
d		ts supported organization Type III non-functionally	i(s) (see instructi	ions). You must com	plete Pa	rt IV, Sec	xtions A. D. and F	nally integrated with,
	t	hat is not functionally into	orated The	apporting organizatio	n operati	ed in con	nection with its sum	corted against 1
		Adamouneur (200 HISTLACTIO	ons). You much	Complete Destry o		<i>y</i> « «101»	annon redniteMeNt 9	INC an attentiveness
е	L (	JNOCK this box if the organ	nizotion				and Fail V.	an account of 1022
æ	f.	unctionally integrated, or the number of supported	Type III non-fun-	a a written determinati ctionally integrated su	ion from	the IRS t	hat it is a Type I, Typ	oe II, Type III
		TO THE DESIGNATION OF SUPPLY AND A SECOND OF	araanimatia		• • •	organiza	ition.	
		a the legental fillottistio	n about the sup	ported organization(s)		• • •		0
1.	y realie t	of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	
			j	(described on lines 1–10 above (see instructions))	listed in yo	ur governing iment?	support (see	(vi) Amount of other support (see
-							Instructions)	instructions)
(A)					Yes	No		
(B)								
(C)		ł	-					***************************************
/F3.1						-		
(D)						П		
E)						i		
			ł					
Total								
or Pana	rusork E	Reduction Act Notice					-	***

I	Support Schedule for Organiz (Complete only if you checked in Part III. If the	rations Deco	ribad in O				Page .
	(Complete only if you checked part III. If the organization fails to complete only if you checked in the complete only if you checked in the complete only i	the box on lin	in bed in Section 8 or 8 or	tions 170(b)(	1)(A)(iv) and	170(b)(1)(A)(v	/i)
S	Part III. If the organization fails to ection A. Public Support	o qualify und	er the tests li	r carrior if the	ie organizatio	n failed to qu	alify under
Ca	alendar year (or fiscal year beginning in)			20,000,	nease comple	ete Part III.)	
	<ul> <li>Gills, grants, contributions and</li> </ul>	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	
	membership fees received. (Do not include any "unusual grants.")	669,121	488,822	171,430		1	(f) Total
;	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					2007208	1,747,64
3	The value of services or facilities furnished by a governmental unit to the						(
4	Total. Add lines 1 through 3	669,121			1	1	0
5		009,121	488,822	171,430	183,000	235,268	1,747,641
6	Public support. Subtract line 5 from line 4			1		ĺ	
Sec	don b. Total Support						1,747,641
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(h) 0047				1,/4/,641
7 8	Gross income from interest, dividends	669,121	<b>(b)</b> 2017 488,822	(c) 2018 171, 430	(d) 2019 183,000	(e) 2020 235, 268	(f) Total
	rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
12	Gross receipts from related activities	e instructional					0
3	First 5 years. If the Form 990 is for the or organization, check this box and stop here	ganization's fir	) St second th	irol formul	12		
ectio	organization, check this box and stop here on C. Computation of Public Support P		· · · · ·	iru, iourth, or	tifth tax year a	as a section 5	01(c)(3)
4			·				<u> </u>
5	Public support percentage for 2020 (line 6, co Public support percentage from 2019 Schedu	olumn (f), divid	ed by line 11, o	column (f)) .	14		100
6a	33 /3% Support test2000 It the		16 14 , , ,		45		100 % 0.00 %
b	Dox and stop here. The organization qualifies 331/3% support test - 2019, If the arrest in	as a publicly	supported orga	line 13, and lir anization	ne 14 is 33½%		
a	10%-facts-and-circumstances text	lifies as a publi	icly supported	organization .		31/3% or more,	check
(	organization	s-and-circumst	ances test. Th	e organization	ons box and <b>s</b> o of qualifies as a	<b>top here.</b> Exp 3 publicky sunr	lain in
i u 1	5 is 10% or more, and if the organization ments the first the firs	If the organiza eets the facts-a	tion did not ch and-circumstar	neck a box on nces test, chec	line 13, 16a, 1	6b, or 17a, an	· P 🔲
	rivate futition if the everythmetical in		•				b. )
	estructions					····	. aee

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.)

1	lendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019		
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	-		(0) 2010	(a) 2019	(e) 2020	(f) Total
2	Gruss receipts from admissions, marchandle			1			j
							_
	organization's tax average are related to the					1	
3	Gross receipts from activities that are not an	***************************************				}	ļ
	unrelated trade or business under section 513	!				-	
4	Tax revenues levied for the				1		İ
	organization's benefit and either paid to						ļ
	or expended on its behalf		1			1	1
5	The value of services or facilities						}
	Turnished by a governmental unit to the						
	organization without charge						ļ
6	Total. Add lines 1 through 5	······································					
7a	POPULATION OF THE PROPERTY OF						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3					j	
	received from other than disqualified						
	persons that exceed the greater of the ago				j		
	of 1% of the amount on line 13 for the year	ľ			[	ļ	
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	·					<del></del>
Sont	me o.,	1	ļ	:		·	
20011	or or rotal Support	···					
2aiei) 9	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018			<del></del>
10a	Amounts from line 6		1771-017	(6) 2018	(d) 2019	(e) 2020	(f) Total
100	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources .	ĺ	ļ				
b	Unrelated business to the smaller sources .		ĺ		1		
~	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975			ļ!		ĺ	
С	Add lines 10a and 10b			i		Í	
11	Net income from unvalid.						
	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on		}			}	
2	Other income. Do not include gain or			Į.		ł	
	loss from the sale of capital assets						
	(Explain in Part VI.)	}					
3	Total support. (Add lines 9, 10c, 11,						
•	ara (2,)						
4	First 5 years. If the Form 990 is for the					}	
(	First 5 years. If the Form 990 is for the orgonization, check this box and stop here	janization's f	irst, second, tl	nird, fourth, o	r fifth tax vear	as a section s	501/01/01
· · · · · · · · · ·	" V. Computation of Public Support D						001(C)(3)
	SAME SUPPLIED DELCENTAGE FOR GOOD IN A						· • [D
<u>3</u> F	Public support percentage from 2010 School	numn (f), divid	ded by line 13,	column (f)) i.		15	
ction	D. Computation of Investment Income	ne A, Part III,	line 15			16	<u>%</u>
' Ir	Westment income percentage for 2000 //	10	.90			<u></u>	%
} !r	nvestment income percentage from 2019 Sch 31/3% support tests—2020. If the organization	ruc, column (	t), divided by li	ne 13, column	(f))	17	07
a 3	31/3% Support tests - 2020 If the arrest it	rocialo rigil all	in, me i/			10	%
	is not more than 331/3%, check this box and	www.riot.clife	ock the box on	line 14, and I	ine 15 is more	than 331/2% =	nd line
1		word nere. The	organization o	ualifica ca a a.	ibliah	1070, 0	ard mile
1 b 3:	77370 SUDDOM TASIS - 2010 If the manner of		•	wannoo aa a pt	INIIÇIY SUDDOMA	l Organization	
1 b 3: lir	7 is not more than 33½%, check this box and s 3½% support tests—2019. If the organization in 18 is not more than 33½%, check this box a rivate foundation. If the organization did not	did not check	k a box on line	14 or line 19a,	and line 16 is n	10re than 321 <sub>m</sub> i	· P D

#### Supporting Organizations Part IV

(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 AH	0		you one
CCCHOIL	44. MI	Supporting	Organ	izationo
			- 1 SICH !	Laurins

	5 3 4 4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ne Pal	π V.)	
	Are all of the organization's supported organizations listed by name in the organization's governing class or purpose describe the third than the organization are described to the organization.			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by Did the organization of the organizatio		Yes	No
	class or purpose, describe the designation. If historic and continuing relationship, explain.	, }		
	2 Did the organization of designation. If historic and continuing relationship, explain		1	
	<ul> <li>Did the organization have any supported organization that does not have an IRS determination of status organization was described in section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported</li> <li>Did the organization to designation.</li> </ul>		<u></u>	<del> </del> -
	Did the organization have a supported organization described:	2	<sub> </sub>	<b>,</b>
	<ul> <li>Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer</li> <li>Did the organization.</li> </ul>			
	satisfied the public support tests under section supported organization qualified under section 501(c)(4) (5) or (0)			
		1 1		
		1 1		
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  "Yes," an supported organization not organized in the United States."	3b		
	4a Was any supported organization what controls the organization put in place to ensure such use	1 1		
	"Yes," and if you checked how to	3c		
	<ul> <li>Was any supported organization not organized in the United States ("foreign supported organization")? If</li> <li>Did the organization have ultimate control and ""</li> </ul>			
		4a		
	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 organization.			
	TO SO VOICE OF SUPPOSE	1		ŧ.,
		4b	_	···
	Did the organization support any foreign supported organization with its supported organizations.  under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used purposes,		<u></u>	
	to ensure that all support to the foreign supported organization was what controls the organization used	j	ł	
	3 SACRON TO SECTION 170/61/91/01	ļ		
5	The file of Canization add outside to	4-		
	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN (iii) the authority under the agent and EIN (iii) the authority under the agent and EIN (iii) the authority under the agent and EIN (iii) the authority under the agent and EIN (iii) the authority under the agent and EIN (iii) the authority under the agent and EIN (iii) the authority under the agent and EIN (iii) the authority under the agent and EIN (iii) the authority under the agent and EIN (iii) the authority under the agent and EIN (iii) the authority under the agent and EIN (iii) the authority under the agent and EIN (iii) the authority under the agent and EIN (iii) the authority under the agent and EIN (iiii) the authority under the agent and EIN (iiii) the authority under the agent and EIN (iiii) the authority under the agent and EIN (iiii) the authority under the agent and EIN (iiiii) the authority under the agent and EIN (iiiiii) the authority under the agent and EIN (iiiiiii) the authority under the agent and EIN (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	4c	$\Box  $	
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		- 1		
	The add of the transfer and the second of th	1		
t	Type I or IVpe II only Was and I	_		
	designated in the organization's organizing document?	<u>5a    </u>		
C	Substitutions only Was the substitutions only Was the substitutions only Was the substitutions only Was the substitutions only was the substitutions only was the substitutions on the substitutions on the substitutions on the substitutions on the substitutions on the substitutions on the substitutions on the substitutions on the substitutions on the substitutions on the substitutions on the substitutions on the substitutions of the substitution of the sub	- 1	1	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the organization).	5b [	コーロ	]
	well with the comment of the comment	5c [		]
	by one or more of its supported organizations, (ii) individuals that are part of the charitable class benefited benefit one or more of the filing organization's supported organizations? If "Yes," provide the "instance or the filing organization's supported organizations?	j	1	
7	benefit one or more of the filing organizations, or (iii) other supporting organizations that also support or Did the organization provide a grant, loan, compensation or attacks of the Charles benefited benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .			
•	(as defined in a set) (as defined in a set)	6   Г		7
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor with regard to a substantial contributor.			
8	The to a dubstallish controlled by the transfer of the transfe	ļ	ł	•
U	The die dividing all the state of the state	7   _	1	۳
0-	If "Yes," complete Part I of Schedule L (Form 990 or 990-FZ).  Was the organization.		1	<u>.</u>
9a	VVdS_LHE_Organization_contratt_vt_vt_vt_vt_vt_vt_vt_vt_vt_vt_vt_vt_v	3   _	<u>سار</u>	1
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations)  Plid one or more indirectly at any time during the tax year by one or more described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	— - <u>-</u>	<u> </u>	Ţ.
	"" Tournout it section 509(a)(1) or (0)(a te (v) - " " " " " " " " " " " " " " " " " "		1	
b	ord one or more discreplified porgons / La	,   _	1	
	and supporting organization had an interest of the supporting interest in any ontity in well-t		$  \Box$	
С	Did a disqualified person (as defined in the same	,		
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit  Was the organization subject to the excess business haddings and interest? If "Yes," provide detail in Part VI.  9th	<u>'- </u>	<u>                                     </u>	••
· va	was the organization subject to it		1	
	4943(f) (regarding certain Type II amounts rollings rules of section 4943 because of			<del>.</del>
	" " " " " " " " " " " " " " " " " " "			
.,	the dryanization have any overce but		100	
	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.)	<u> </u>	口	
		1 1		
	10b	J		

Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c befow, the governing body of a supported organization?  b A family member of a person described in line 11a above?  c A 35% controlled entity of a person described in line 11a babve?  A 35% controlled entity of a person described in line 11a obove? If "Yes" to line 11a, 11b, or 11c, provide offail in Part VI.  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or directors, or trustees at a times during the tax year? If "No," describe in Part VI how the supported organization's efficiency operated, supervised, or controlled the organization sachivities. If the organization had more than one supported organizations, describe how the powers to appoint and/or enzors officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the fax year.  2 Did the organizations and what conditions or restrictions, if any, applied to such powers during the fax year.  2 Did the organization appropriate or the benefit carried out the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organization of the supported organization of the virtual organization of the supported organization of the supported organization of the supported organization of the supported organization organization or runstees of the supported organization organization or runstees of each of the organization organization was vasied in the same persons that controlled or managed the supported organization or	Į,	an M Supporting Organizations (continued)	****		Pag
The below, the governing body of a supported organization?  A family member of a person described in line 11 a follow?  A family member of a person described in line 11 a follow?  A family member of a person described in line 11 a follow?  A family member of a person described in line 11 a follow?  A family member of a person described in line 11 a follow?  Did the governing body, members of the governing body, officers acting in their official expactly, or membership of one or directors, or trustases at all mass during the ray way.  The following promises of the governing body, officers acting in their official expactly, or membership of one or directors, or trustases at all mass during the ray way.  The following promises of the governing body, officers acting in their official expactly, or membership of one or directors, or trustases at all mass during the ray way.  The following promises of the power to repulsely expoint or elect at least a najority of the organizations of directors, or trustases were allocated among the effectively operated, supervised, or controlled the enganization of the family and the following promises and what conditions or restrictions, if any apporting organization is the supported organizations of the third organizations and what conditions or restrictions, if any apporting organizations is the purposes of the supported organizations in the promises of the supporting organizations or controlled the supporting organizations or controlled the supporting organizations was propring organizations and the supporting Organizations.  Were a majority of the organizations of directors or frustees during the tax year also a fragiently of the directors or trustees of each of the organizations was supported organizations; in year, or a supporting Organizations or year.  Were a majority of the organization of organizations in the supported organizations or year in the supporting Organizations in the supported organizations or year in the support of promises of the supported organizations or yea	1	1 Has the organization accepted a gift or contribution			/a =   N
b A family member of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  11 Did the governing body, members of the governing body, officers acting in their efficial capacity, or membership of one or more apported organizations have the power to regularly appoint or elect at least a majority of the organization a efficient, described any part VI how the capacitation and provided organization and the supported organization and provided organization and provided organization and provided organization and provided organization and provided organizations as supported organization operated organizations of controlled the supporting organizations of the supporting organizations of the supported organizations of the supporting organizations of the supporting organizations of the supporting organizations of the supported organizations of the supported organizations of the supported organizations of the supporting organizations of the supporting organizations or trustees of each of the organization is augported organizations of the supporting organizations or trustees of each of the organizations augported organizations or trustees of each of the organizations augported organizations or trustees of each of the organizations augported organizations or trustees of each of the organizations augported organizations or trustees of each of the organizations augported organizations or trustees of each of the organizations or trustees of each of the organizations augported organizations or trustees or each of the organizations or each of the supporting organizations was rested in the same persons that controlled or manager or trustees or each of the organizations or trustees or each of the organizations.  1 Did the organization provide to each of its supported organizations, by the last tey of the fifth morth of the organization is covered. (I as organization or supported organizations) and the value of the organization or supported organizations and organizations and expel		11c below, the governing body of a supported organization?			es N
actual in Part V.  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or officers, decicions, or trustees at all times during the governing body, officers acting in their official capacity, or membership of one or directors, or trustees at all times during the governing body, officers acting in their official capacity, or membership of one or directors, or trustees at all times during their acquired that argumentation's activities the supported organization of a directors, or trustees at all times during the directors, or trustees at all times during the directors, or excess were advantationally organization, describe how the provise of any directors of clares, develors, or this exe governmental entire controlled the supported organization of the trust, organization of the organization of the organization of the organization of the organization of the organization of the organization of the supporting organization of the supporting organization of the organizat		b A family member of a person deposits at the state of th	111	a [	_   _
Did the governing body, membars 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 stact at least a majority of the organization of officers, directors, or trust east at all times during the tax year? If the organization is with the supported organization appointment appearance or substances and the powers to appoint and/or remove dischass, directors, or trustees were allocated among the supported organization of the powers to appoint and/or remove dischass, directors, or trustees were allocated among the supported organization operated organization operated organization operated organization operated organization operated organization operated organization operated organization of the than the supported organization of the than the supported organization of the than the supported organization of the supporting organization of the supporting organization or supported organization of the supporting organization or supported organization organization or trustees of each of the organization's supported organization's the supported organization's provide the organization's supported organization's provide the organization's supported organization's supported organization's or trustees of each of the organization's supported organization's the supported organization's or trustees of each of the supporting organization was vested in the same persons that controlled or managed in curstom or trustees of each of the organization was vested in the same persons that controlled or managed in curstom organization's tax year, (i) a very time organization or supported organization's tax year, (ii) a very time organization tax year, (ii) a very time organization tax year, (ii) a copy of the Form 990 that was most recently filed as of the date or notification, or the organization's powering organization's organization's powering organization's organization's organization's organization's organization's organization's orga		detail in Part V	11		
Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations of officers, effectively operated, supervised, or controlled the organizations shows in the graphical properties of the complex of the organizations and what conditions or establicises, if we regulation had not strain one supported organizations and what conditions or establicises, if we regulation had not strain one supported organization operate for the benefit of any supported organization of the tax year and supported organization operated, supervised, or controlled the supporting organization? If "Yes," revolation in Part VI how providing such benefit carried out the purposes of the supported organization of the supported organizations of the supported organization, or controlled the supporting organization.  1 Were a majority of the organization's directors or trustees during the tax year also a inajority of the directors or trustees of each of the organization's supported organization's was extend in the same persons that controlled or managed from the supported organization's supported organization's was extend in the same persons that controlled or managed from the supported organization's under the supported organization's under the supported organization's under the supported organization's under the supported organization's under the supported organization's under the organization was very supported organization and (iii) copies of the organization's law was most recently filed as of the date of notification, in the extent notification and (iii) copies of the organization was very one of the relationship with the supported organizations have in a supported organization's officers, directors, or fusiless either (ii) appointed organization have in the organization's interest problems and in direction the use and to organizations and explain the supported organizati	*******	dottain Frant VI.			
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		The first of the control of the cont		]   [	]

Part V		)ra:	aniz	ations	þ
	Check here if the organization satisfied the Integral Part Test as a qualify instructions. All other Type III non-functionally integrated supporting organization.	ina	trust	on Nov. 20, 1970 (au	
Section	instructions. All other Type III non-functionally integrated supporting orgonal A—Adjusted Net Income	jani:	atio	is must complete Se	piain in <b>Part VI</b> ). Se
	A—Adjusted Net Income			(A) D.: (	CHOIS A UIROUGN E.
_1 N	et short-term capital gain			(A) Prior Year	(B) Current Ye (optional)
2 R	ecoveries of prior-year distributions		í		(optional)
_ 3 ()	ther gross income (see instructions)		2		***************************************
4 A(	ad lines 1 through 3.		3		
5 D	preciation and depletion				
6 Po	ortion of operating expenses poid arises.	ŧ	5	:	
gr	oss income or for management, conservation, or maintenance of property Id for production of income (see instructions)	of			
he	ld for production of income (see instructions)	/	1		
	ner expenses (see instructions)	6			
8 Ad	justed Net Income (subtract lines 5, 6, and 7 from line 4)			**************************************	
Section	B—Minimum Asset Amount	8			
	- Walland Asset Amount			/A) D.:	(B) Current Yea
1 Ag	gregate fair market value of all non-exempt-use assets (see			(A) Prior Year	(optional)
ins	tructions for short tax year or assets held for part of year):			······································	(optional)
a Ave	erage monthly value of securities		!		
D AVE	erage monthly cash balances	1a		**************************************	
c Fair	market value of other non-exempt-use assets	1b			
~	GI (GUU III) PS 12 10 and 16)	10		· · · · · · · · · · · · · · · · · · ·	
e Dis	count claimed for blockage or other ford	1d			
<b>2</b> Acq	uisition indebtedness applicable to non-exempt-use assets	1e		······································	
	tract line 2 from line 1d.	2			
4 Cas	h deemed held for exampt use 5-1 - 0 cut	3			
see	h deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, instructions).				
5 Net	value of non-exempt-use assets (subtract line 4 from line 3)	4			1
6 Mult	iply line 5 by 0.035.	5	:		
7 Reco	overies of prior-year distributions	6			
8 Mini	mum Asset Amount (add line 7 to line 6)	7		/	
ection C.	Distributable Amount	8			
1 Adjus	sted net income for prior year (from Section A, line 8, column A)				Current Year
	2.00 Of fill 6 }.	1			
3 Minin	num asset amount for prior year (from Section D. II.	2			
4 Enter	greater of line 2 or line 3.	3			
5 Incon	ne tax imposed in prior year	4			
6 Distri	butable Amount, Subtract line 5 from the	5			
7 🔲 CI	neck here if the current year is the organization's first as a non-functional ee instructions).	6	!	ľ	
(se	ee instructions).	y int	egra	ted Type III supporting	20 0400=1-12

Sac	Type III Non-Functionally Integrated 509(a ction D—Distributions	)(3) Supporting Orga	nizations (contin	Mall	j
(	ction D—Distributions		i contin	ided)	
1	Amounts paid to supported organization				Current Year
2	Amounts paid to supported organizations to accomplis  Amounts paid to perform activity that directly furthers organizations, in excess of income from activity	h exempt purposes		7,	
	organizations, in excess of income from activity	exempt purposes of supr	orted	_   1	
3	Administrative expenses point				
4	Administrative expenses paid to accomplish exempt pu Amounts paid to acquire exempt-use assets	irposes of supported org	anizationo	$\frac{2}{2}$	
5	Amounts paid to acquire exempt-use assets	11-1-1-0-01-0	arnzadons	3	****
6	Qualified set-aside amounts (prior IRS approval require Other distributions (describe in <b>Part VI</b> ). See instruction	d-provide details in Par	r I/N	4	4
7	Other distributions (describe in Part VI). See instruction	S.	· vi)		
8	Total annual distributions. Add lines 1 through 6.		:	6	
	Distributions to attentive supported organizations to wh (provide details in <b>Part VI</b> ). See instructions.	ich the organization is re	Shopeivo	7	
9	Distribute ble service of the servic	0	abousive	1 1	
10	Distributable amount for 2020 from Section C, line 6			8	
	Line 8 amount divided by line 9 amount		:		( )
itoof	ion E. Distant			10	the state of the s
· CCI	ion E—Distribution Allocations (see instructions)	(i)	(ii)		(iii)
		Excess Distributions	Underdistributio	ons	Distributable
1	Distributable amount for 2020 from Section C, line 6		Pre-2020		Amount for 2020
2	Underdistributions if any formand				
	V Sasonable Cause required—evoluin in Dans in a				***************************************
		1			
3	Excess distributions carryover, if any, to 2020				
a	From 2015				· · · · · · · · · · · · · · · · · · ·
b	From 2016				
С	From 2017				·
d	From 2018				<u> </u>
	From 2019		:		····
f .	Total of lines 3a through 3e				······································
g /	Applied to underdistributions of prior years	***			·
h /	Applied to 2020 distributable amount				
i (	Carryover from 2015 not applied (see instructions)				
<b>Ì</b> F	Remainder, Subtract lines 25, 81				Witness
]	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from				
S	Section D. line 7:				
				-	
A	applied to underdistributions of prior years				
	opplied to 2020 distributable amount				
רו	demainder. Subtract lines 4a and 4b from line 4.				
T)	emaining underdistributions for years prior to 2020, if		-		
	" CODI ACCUITIES 30 ABO AS Trom line 2 Formand 1	Í			
9	cater than zero, explain in Part VI. See instructions				
M	emaining underdistributions for 2020, Subtraction				
	" I TO THE I FOR TOSTILL OF STATE THAT TOWN THE			1	
***************************************	THE COUNTY COUNTY COUNTY				
<u>( )</u>	ccess distributions carryover to 2021. Add lines 3j		:		
1/1	14 70,				***************************************
<u>Br</u>	eakdown of line 7:		<u> </u>		
<u>Ex</u>	cess from 2016	·			
Ex	cess from 2017				
Ex	cess from 2018				
_Ex	cess from 2019		:		· · · · · · · · · · · · · · · · · · ·
P**	cess from 2020				

#### Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

### Schedule of Contributors

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

OMB No. 1545-0047

2020

HI-TECH CHARITIES Employer identification number Organization type (check one): 94-3397413 Filers of: Section: Form 990 or 990-EZ ☑ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the  $33^{1}/_{3}\%$  support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

HI-TECH CHARITIES

Employer identification number

Parti	Contributors (see instructions) Use duplicate		Employer identification numl 94-3397413
(a) No.	Contributors (see instructions). Use duplicate	copies of Part Lif additional space	
1	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
ath the fire year year and in	Barbara Brown  5920 Dr. Martin Luther King Drive  Saint Louis, MO, 63112	\$ 6,00	Isourgasii Mi
(a) No.	(b) Name, address, and ZIP + 4	(0)	(Complete Part II for noncash contributions.)
2	Chidimma Nwankwere	Total contributions	(d) Type of contribution
	5920 Dr. Martin Luther King Drive	\$ 6,000	Person 🔟 Payroll 🗍 Noncash 🕡
(a)	Saint Louis, MO, 63112		(Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)	Dr. Erickson Smith  5920 Dr. Martin Luther King Drive  Saint Louis, MO, 63112	\$ 6,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Dr. Francis Onukwue 5920 Dr. Martin Luther King Drive Saint Louis, MO, 63112	\$ 6,000	Person
Vo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
a)		\$	Person   Payroll   Noncash   Complete Part II for noncash contributions.)
0.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

HI-TECH CHARITIES

Employer identification number

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II 94-3397413

(a) No. from Part I	(b) Description of noncash property given	pies of Part II if additional (c)		
		FMV (or estimate) (See instructions.)	(d) Date received	
1	Professional services - has MBA and is a Certified N urse Assistant			
(a) No.		\$ 6,000	12/31/2020	
from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
2	Professional services - has Master in Health Adminis tration			
(a) No.		\$ 6,000	12/31/2020	
from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
3	Dr. Erickson Smith has PhD an is a LCSW			
		\$6,000	12/31/2020	
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
1	Dr. Francis Onukwue - has PhD			
) No.		\$6,000	12/31/2020	
om   art (	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
# 100 mm (m (m ) 100 mm (m ) 1				
No.	(b)	\$		
tl	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		

### SCHEDULE D (Form 990)

## **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

\$100	II-TECH CHARITIES		Employer identification number
	Part   Organizations Maintaining Donor Ac Complete if the organization answered		94-3397413
	Complete if the organization answered	ivised Funds or Other Similar Funds	or Accounts
	- gamzadon answered	Tart IV, line 6.	The state of the s
	1 Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
	2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year)		(b) Funds and other accounts
	Aggregate value of grants from (during year)  Aggregate value of grants from (during year)		
	4 Aggregate value at and after (during year)	•	
	4 Aggregate value at end of year  5 Did the organization inform all (4)		
	Did the organization inform all donors and dono funds are the organization's property, subject to ti	r advisors in writing that the assets hold	lo al
	funds are the organization's property, subject to the Did the organization inform all grantees, donors, and only for charitable purposes and not for the bene	ne organization's exclusive legal control?	in dollor advised
	Only for Charliable humboods and make the	The advisors in Whillian arent 6	yes □ No
	only for charitable purposes and not for the bene conferring impermissible private benefit?  Conservation Fasements	fit of the donor or donor advisor, or for a	ands call be fised
	art   Conservation Fasoments		ary other purpose
lua.c			Yes No
	Complete if the organization answered Purpose(s) of conservation easements held by the	"Yes" on Form 990 Book IV II	
	Purpose(s) of conservation easements held by the Preservation of land for public use for example, reservations.	organization (charlette), line 7.	
	Preservation of land for public use (for example, recre	eation or advertise).	
			historically important land area
	IT Preservation of an array		
2	Complete lines 2a through 2d if the organization he	ld a qualificat	or dotale
	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	id a qualified conservation contribution in	the form of a conservation
	* Total number of conservation eagaments		Held at the End of the Tax Year
	I total acreage restricted by concentration		2a
	Number of consequation and the state of consequences	· · · · · · · · · · · · · · · · · · ·	OL
	Number of conservation exempets in-test to	storic structure included in (a)	2c
	historic structure listed in the National Register	of adduned after 7/25/06, and not on a	64.57
3	Number of conservation easements modified, trans		20
	tax year ▶	ferred, released, extinguished, or terminat	ed by the organization
4	Number of states whore pro-		the organization during the
5	Number of states where property subject to conserve Does the organization have a written policy reserved.	ation easement is located ▶	
	Does the organization have a written policy regardiations, and enforcement of the conservation ease	arding the periodic monitoring, inspection	n bandling -s
6	violations, and enforcement of the conservation ease Staff and volunteer hours devoted to monitoring inspect	ernents it holds?	m, handing of
	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing con-	Yes No
7	Amount of avanges in	and divorcing cons	servation easements during the year
	Amount of expenses incurred in monitoring, inspecting  ▶ \$  Does each conservation accounts.	handling of violations, and enforcing cons-	and the second s
8	Does each conservation	s and charling conse	ervation easements during the year
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports con	y administration section	лт т70(h)(4)(B)(i)
	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of ti	nservation easements in its revenue and o	☐ Yes ☐ No
	balance sheet, and include, if applicable, the text of the organization's accounting for conservation easements	he footnote to the organization's financial	statement and
Pair	TILL Conservation easement	S.	statements that describes the
		of Art. Historical Treasures or Other	
4	Complete if the organization answered "Ye if the organization elected as permitted under EACE	es" on Form 990 Part IV line o	Similar Assets.
1a	If the organization elected, as possible to the second	THE O.	
	of art, historical treasures, or other similar assets he service, provide in Part XIII the text of the footnote to i	eld for public exhibition, advant	ement and balance sheet works
	The feet of the feet at the fe	a. c	Staren in firtherance of column
b	if the organization elected as pormitted that is a	The account of the	SUITERIS.
	art, historical treasures, or other similar assets held for	public exhibition, education	ent and balance sheet works of
	the conowing amounts relating to these items.	, a manager of respection	in jurinerance of public service
	W Revenue included on Form gan part VIII lime to		
,:=	(ii) Assets included in Form 990. Part X		. > \$
2	If the organization received or hold works of an in-		. » \$
	rollowing amounts required to be reported under EASD	ASS of a street of other similar assets	for financial gain, provide the
C1	neveriue included on Form gan bart viii tiaa t	G	
			. 🔊 \$
or Pan	Assets included in Form 990, Part X	<u> </u>	. > \$
(*	erwork Reduction Act Notice, see the Instructions for For	m 990. Cet No. 533830	Ψ

R	Palit	Orga	nizatione Maintei	7.									
100	3	Using the or	nizations Maintain ganization's acquisition ms (check all that app	ing	Collections of	of Art,	Historic	al Treas	Sures, or	Other Simil	n		Page 2
		collection ite	ms (check all that are	on,	accession, and	other re	ecords, c	heck any	of the fo	lowing that re	ar As	sets (cor	ntinued)
	а	☐ Public exi	hibbian	лу):					97 1110 10	nowing that If	iake s	significant	use of its
	b	Scholarly	IIDITION				d 🗆 Lo	an or exc	har ge pr	0.000			
	c	Preservati	ios fautor				e $\Box$ Ot	her	marige pr	ogram			
	4	Provide a de	on for future generation	ons				~~~~	************				
		XIII.	scription of the organ	izat	ion's collections	and ex	kplain ho	w they fu	rther the				
	5	During the ve	var did the to				,	indy id	ine ale	organization's	exen	npt purpos	e in Part
		assets to be s	ear, did the organizati sold to raise funds rati	OH	solicit or receive	e donat	ions of a	rt. histori	cal tressu	roo or all			
	Parit	W. Ecoro	sold to raise funds rati w and Custodial A	ner	than to be main	tained a	s part of	the organ	nization's	collection?	simila		
1000		Compl	w and Custodial A	rra	ngements.	··	***************************************	3-1		Collection?	• •	☐ Yes	☐ No
		gan b	ete ii the organizati	on	answered "Ye:	s" on F	orm 990	). Part IV	lino 0				
********	1a	s the organiz	ete if the organizati art X, line 21.					-, · ca ; ; v	, 11118 8, (	or reported a	n am	ount on F	orm
	i												
	b I	f "Vec " ovele	orm 990, Part X? in the arrangement in	٠		٠.,		101 00110	HOULIOUS	or other asse	ts not		
	, , ,	i ies, expla	in the arrangement in	Pai	rt XIII and compl	ete the	following	ı tablar	• • •	• • • •	٠.	☐ Yes	□ No
	c E	Radinalas b1.			·		·onownig	table.	<u></u>				
	d A	ddition - L	ance						ļ		Am	ount	
		miniono cicini	JULUIE VEAL				•		. 1	c			***************************************
	f F	nstributions di	uring the year				• • •		1	d			
	a D	nuing balance	eation include an amo				• • •		.   1	e			
	b If	"Yaa"	ration include an amount the arrangement in I	unt	on Form 990, Pa	art X lin	 10 21 for		. 1	f	·		
Militaressano	5 11 5 25 V	Yes," explair	n the arrangement in I ment Funds.	Parl	XIII. Check her	e if the	avnlanati	escrow c	r custodia	al account liab	ility?	☐ Yes	□ No
	art V		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TW						O DIOVIO	ed on Part XII	Ι		
***************************************		Comple	te if the organizatio	n a	nswered "Yes'	on Fo	rm QQA	Dort N	l:				
4.	n D.			T	(a) Current year	(h) P	ior year	Tall ( IV,	iine 10.				
la L	a De	ginning of ye	ar balance			12711	ioi yeai	(c) 1M0	years back	(d) Three years I	back	(e) Four year	s back
k.	<i>3</i> ()(	ntributions						<u> </u>					***************************************
C	loc	investment	earnings, gains, and		_			ļ				***************************************	-
اند.	108	5565							ł				
d	Gr	ants or schola	arships		-								
e	Oti	ner expenditu	res for facilities and		-								
	bic	grams						[	İ				
f	Adı	ministrative ex	xpenses										
9	E.1 10	ম of year balaı	nce i										***************************************
2	Pro	vide the estin	nated percentage of the	he c	Current year and	la at							
a	Boa	ard designate	d or quasi-endowmer	nt 🕨	·	valanci	e (line 1g	, column	(a) held a	s:			
b	Per	manent endo	wment 🕨	9	~	70							
C	Teri	m endowmen	t ▶ %										
_	The	percentages	on lines 2a, 2b, and 2	c s	hould equal too	07							
3a	Are	there endows	ment funds not in the	bo	Ssession of the	70. Okalomi-							
	orga	anization by:		[	and of the	organiz	ation tha	t are helc	l and adm	inistered for t	the		
	(I) ·	Unrelated org	anizations									Yes	No
	1447 1	neiateu organ	แวลที่เกกร			• • •					. [3	a(i) 🔲	1
b	If "Y	es" on line 3a	(ii), are the related or	rani	izationa la L			,			F	a(ii)	<u>-</u>
4	Desc	cribe in Part X	Ill the intended uses	actii T	zanons listed as	require	d on Sch	redule R?	٠			3b	<del></del>
Pairt	VI.	Land, Bui	ldings, and Fauing	~~~	t organization	endov	ment für	nds.			I		<u></u>
		Complete	if the organization a otton of property	ากจา	wered "Voo" o	r				***************************************	***************************************		********
		Descrip	otion of property	1110	wered tes o	n Form	990, Pa	art IV, lin	e 11a. Se	e Form 990.	. Part	X line to	1
	***************************************		, ,,	İ	(a) Cost or other (investment)	pasis (	,	ACTION PREPARED 19	(c) Acc	cumulated	(d)	Book value	/ <u>,</u>
	Land						(othe	er)		eciation	(4)	Sook value	
b	Build	ings		ļ		,000		0	,			25 0	.00
C	Lease	ehold improve	ernents	ļ	2,179	,877				(19,000)		35,0	
ď	Equip	ment .		-								2,160,8	17
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Total. /	∖dd lii	nes 1a throug	h 1e. (Column (d) mus										****
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												2,195,8	7 <b>7</b>

Investments—Other Securities.  Complete if the organization answered "Yes" on	Form One 5		ſ
Complete if the organization answered "Yes" on a least organization answered "Yes" on least organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization and "Yes" organizatio	rorm 990, Part IV, I	ine 11b. See F	orm 990, Part X. line
	(b) Book value	l (C)	Wethod of voluntian.
(1) Financial derivatives		Cost or	end-of-year market value
(2) Closely held equity interests			
(3) Other			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	4		
	1		***************************************
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) .			Milhornay
			V-1
Complete if the organization answered "Yes" on Ed	Ners and the second		
Complete if the organization answered "Yes" on Fo	nin 990, Part IV, lin	e 11c. See For	m 990, Part X Jing 10
	(b) Book value	(C) IV	lethod of valuation.
(1)		Cost or er	nd-of-year market value
(2)			
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6)			
7)			***************************************
3)			
9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶  Part X Other Assets.  Complete if the organization answered "Yes" on Form  (a) Description	000 F		
TO OI FOR		4 .	
(a) Description	n 990, Part IV, line	11d. See Form	1990, Part X. line 15
***************************************	m 990, Part IV, line	11d. See Form	990, Part X, line 15.
	m 990, Part IV, line	11d. See Form	990, Part X, line 15. (b) Book value
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) )	m 990, Part IV, line	11d. See Form	990, Part X, line 15. (b) Book value
	m 990, Part IV, line	11d. See Form	990, Part X, line 15. (b) Book value
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	m 990, Part IV, line	11d. See Form	990, Part X, line 15. (b) Book value
al. (Column (b) must equal Form 990, Part X, col. (P) line 45.)	m 990, Part IV, line		990, Part X, line 15. (b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities  Complete if the organization answered "Yes" on Form line 25.			(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			(b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities  Complete if the organization answered "Yes" on Form line 25.			(b) Book value
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al. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  apit X Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability  ederal income taxes	990, Part IV, line 1	1e or 11f. See	(b) Book value  Form 990, Part X,  (b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities  Complete if the organization answered "Yes" on Form line 25.	1 990, Part IV, line 1	1e or 11f. See	(b) Book value  Form 990, Part X,  (b) Book value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Pert IV II.	Pa
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	r Return
Total revenue, gains, and other support and other support and the support and	and a second second
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (lease) Part VIII, line 12:	1
b Donated services and use of facilities  c Recoveries of prior year grapts	_]
	}
d Other (Describe in Part XIII.)	7
e Add lines 2a through 2d	
3 Subtract line 2e from line 1 4 Amounts included on Form 990 Destates:	1 0-1
4 Amounts included on Form one T	
	3
A A LITT	j (
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form one page 1)	İ
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XII Reconciliation of Expenses per Audited Financial State.	4c
Reconciliation of Expenses and Advantage 990, Part I, line 12.)	5
Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, lies 40	2
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	r Heturn.
<ul> <li>Total expenses and losses per audited financial statements</li> <li>Amounts included on line 1 but not on Form 990. Part IV, line 12a.</li> </ul>	
TORGOUGH INTERPRETATION FOR FORE AND IN THE STATE OF THE	1
	}
c Other losses	ļ
c Other losses	ļ
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	į.
	2e
	3
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	1
5 Total expenses. Add lines 3 and 4c, (This must equal Form one 5	İ
Supplementally Supple	4c
Supplemental Information.  Ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5
Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	mation.
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### SCHEDULE M (Form 990)

### Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

inspection Employer identification number

E	II-TECH CHARITIES				Employer i	dentification nu	melace)	tion
	Pantil Types of Property					94~3397		
***	37-3 3.1. Operty				L	94-339//	113	***
	1 Art—Works of art	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rtad on	Method on noncash con	(d) of determ stribution :	iining amounts
	2 Art—Historical treasures							
	4 Books and publication							
	<ul><li>4 Books and publications</li><li>5 Clothing and household</li></ul>							
	goods			And the second s				
	6 Cars and other vehicles							
	7 Boats and planes						***************************************	
	8 Intellectual property 9 Securities — Publish —							
10	Securities—Publicly traded							-
4.	<ul> <li>Securities—Closely held stock</li> </ul>			The state of the s				
	agodinaco — Larmership, LLC,		The state of the s					
12					-		-	
13	woodingos - Iviiscellaneous							
, .	Gualified conservation contribution—Historic		The state of the s					
	structures		ĺ					
14	Qualified conservation							
15					1			***************************************
16	- Noch Cotate - Nesidential							
17	Real estate—Commercial							
18	Real estate—Other							Annual of Street, Stre
19	Collectibles Food inventory					***************************************		
20	Food inventory			,				
21	Drugs and medical supplies . Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		1			Section 18 According Section 2 and constitution of the section 2		
25	Other ( )		100 mg and 1.	The state of the s				
26	Other ▶ (	<u> </u>						
27	Other ▶ (	<u> </u>						
_28_	Other ▶ (	님					***************************************	*******
29	Number of Forms 8283 received by					i	**	
	Number of Forms 8283 received by which the organization completed Fo	ine organi m 8282 m	zation during the tax year	for contribution	s for	***************************************		······································
		,	and a choic McKnowledgeld	nent	. [ 29	, [0		
30a	During the year, did the organization 28, that it must hold for at least three to be used for average.	ropolice les			1		Yes	No
	28, that it must hold for at least three	Vears from	contribution any property i	reported in Part I	l, lines 1 th	brough	+	110
	TO DO GOOD TO EXCITIDE DUMDOSes for t	ha antira be	1.e	indudon, and wh	ich isn't re	quired		
b	" 165, describe the arrangement in	Dowl H				30-	a   r,   r	2
31	contributions?	acceptanc	ce policy that requires the	he review of a	nv nonsta	andard		<u> 41</u>
32a	Does the organization hire or use thi contributions?	rd north-	· · · · · · · · · · · · · · · · · · ·	* * * *		31		<del></del> -
	contributions?	ru parties o	r related organizations to	solicit, process.	or sell no	ncash		y .
b	" res, describe in Part II.		• • •			. 325		Z
33	If the organization didn't report an amo describe in Part II.	unt in colum	on (a) fau - /				<del>     L</del>	K.
	describe in Part II.	an an colun	iii (c) for a type of property	for which column	n (a) is che	cked.		
or Pape	Missayle David				-	,	1 1	

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 cuestions 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 for the latest information.

OMB No. 1545-0047

20**20** 

Open to Public Inspection

HI-TECH CHARITIES Employer identification number Form and Line Reference: Part VI Line 2 94-3397413 Form 990-220, Part VI Line 2, Section #2: Andrea Chukwue, the wife of Francis Chukwue assisted with administration of the New York branch secured home care services contract with the Catholic Archdiocese of New York and also helped initially with the daily operations of the home care services, including opening new cases, interviewing, hiring and placing staff to work with patients, etc. For these and other critical services, she provided before moving to take external job as clinician. Andrea was paid a little stipend.

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HI-TECH CHARITIES

## Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

Open to Public Inspection

Employer identification number Form and Line Reference: Part VI Line 11a 94-3397413 Form 990, Part Vi Line lla: Once the senior managers complete the IRS Form 990 each year it is provided to board members at board meetings. After board review, corrections, if any, and final approval, the copies are provided to third parties upon request.

Department of the Treasury

Internal Revenue Service

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## Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

Open to Public Inspection

Ore and Line Rolarance: Part VI Line 12c 94-397413  Richard Charities has policies and procedures and upon sportions and implementation of progress and services. These policies are used reportions of colly balls by the line approximent and implementation of progress and services. These policies are used reportions and colly balls by the line approximent of colly balls and redoct reportions of colly parts and redoct reportions and services are used reportions and services. The provides by the organization rice to use these policies and procedures to corry out its mount anatomized and compliance south.	HI-TECH CHARITIES	Employer identification number
Hi-rech Chartizes has policion and propostore uses to grade operations and implementation of progress and service. These policies are used another policies are used understanding to the line objections of the proposition o	Form and Line Reference: Part VI Line 12c	94-3397413
annual monitoring and compilance audit.  The beard with use these policies and record law seed in the policies and record law seed in the seed of the		
annual monitoring and compilance audit.  The beard with use these policies and record law seed in the policies and record law seed in the seed of the	Ri-Tech Charities has policies and procedures used to guide operations and brokens	
	regulations guiding each program or service provided by the senior managers in monitoring compliance of large	services. These policies are used
	aminute monitoring and compliance audit.	it, state and federal laws and
		randates to carry out its
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Department of the Treasury

Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

Open to Public Inspection

HI-TECH CHARITIES		Inspection
Form and Line Reference: Part	VI Line 15a	Employer identification number
	· - • • · · · · · · · · · · · · · · · ·	94-3397413
Form 990-2020, Part V1 Line 15: Emplo	ees compensation is based on comparability data based on state, educations.	
the job as wells as experience, licen	es, and certifications.	III), degrees skirt
		, and criteria fo
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Department of the Treasury

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OMB No. 1545-0047

Open to Public Inspection

HI-TECH CHARITIES	Inspection
	Employer identification number
Form and Line Reference: Part I Line 1 Schedule O Explanation	94-3397413
Schedule O Explanation	
li-Tech Charities is a multi-state 501/C)?	
to homprofite community development government	
uri and New York. Hi-Tech Charities provides !	The water operations in Miss
Monetare Services behavioral health	r count
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services that empower individuals, families	and communities
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