** PUBLIC DISCLOSURE COPY **

Form **991**

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

Inspection

Department of the Treasury Internal Revenue Service

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

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, and ending JUN 30, 2021 Open to Public

| B c | heck if | C Name of organization | | D Employer identific | cation number | | | |
|---|--------------------------|--|---------------|---|-------------------------------|--|--|--|
| 77 | | | | | | | | |
| X | Addres change Name | | | 05 02742 | F.C | | | |
| | _change ∃Initial | 5 | | 05-03743 | | | | |
| | _return ∃Final | Number and street (or P.O. box if mail is not delivered to street address) 22 KERSEY ROAD | Room/suite | E Telephone number 401-789- | | | | |
| | /return termin | | | | 3,871,822. | | | |
| | ated ∏Amend | City or town, state or province, country, and ZIP or foreign postal code PEACEDALE, RI 02879 | | G Gross receipts \$ | | | | |
| | ⊒return ∏Applic | TEACEDADE, KI 02075 | | H(a) Is this a group re | | | | |
| | ⊒tion pendir | 9 1231 KINGSTOWN RD, PEACE DALE, RI 0287 | 70 | for subordinates | ····· — — | | | |
| | • | | | H(b) Are all subordinates in | | | | |
| | | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c e: ► JONNYCAKECENTER • ORG | 01 327 | If "No," attach a list. See instructions H(c) Group exemption number | | | | |
| | | organization: X Corporation | I Vaar | | | | | |
| K F | orm or | Summary | L Year | or formation: 1970 N | 1 State of legal domicile; RI | | | |
| Г | | Briefly describe the organization's mission or most significant activities: THE | MTCCTC | אר סב שעד דר | MNIVCAKE | | | |
| Governance | 1 | CENTER IS TO PROVIDE BASIC NEEDS, RESOURCE | CES, A | ND HOPE TO | OUR | | | |
| Ĩ. | 2 | Check this box if the organization discontinued its operations or dispos | sed of more | than 25% of its net as | ssets. | | | |
| ove. | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 14 | | | |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 14 | | | |
| Se Se | | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | | | 21 | | | |
| ξį | | Total number of volunteers (estimate if necessary) | | | 55 | | | |
| Activities & | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | |
| ٩ | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | | | |
| | | | | Prior Year | Current Year | | | |
| ø | 8 | Contributions and grants (Part VIII, line 1h) | | 2,771,186. | 3,693,907. | | | |
| ž | 9 | Program service revenue (Part VIII, line 2g) | | 137,247. | 51,226. | | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 2,712. | 23,080. | | | |
| <u> </u> | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 88,625. | 39,233. | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . | | 2,999,770. | 3,807,446. | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 293,066. | 250,369. | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . | | 494,245. | 505,303. | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 191,65 | | 47,285. | 19,500. | | | |
| άx | | | | | | | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 706,810. | 705,361. | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,541,406. | 1,480,533. | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 1,458,364. | 2,326,913. | | | |
| Net Assets or Fund Balances | | | Ве | ginning of Current Year | End of Year | | | |
| sset 3alai | 20 | Total assets (Part X, line 16) | | 2,602,635. | 4,941,591. | | | |
| at As | 21 | Total liabilities (Part X, line 26) | | 144,843. | 156,886. | | | |
| <u>Z</u> 2 | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 2,457,792. | 4,784,705. | | | |
| | ırt II | Signature Block | | | | | | |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedules | | | y knowledge and belief, it is | | | |
| true, | correc | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | lich preparer | nas any knowledge. | | | | |
| ٥. | | Signature of officer | | I Date | | | | |
| Sign | | KATE BREWSTER, EXECUTIVE DIRECTOR | | Duto | | | | |
| Her | е | Type or print name and title | | | | | | |
| Print/Type preparer's name Preparer's signature Date Check PTIN | | | | | | | | |
| Paid | | ANTHONY W. SCORPIO ANTHONY W. SCORPIO | | 5/12/22 if self-employe | | | | |
| | arer | Firm's name MULLEN, SCORPIO & CERILLI | | Firm's EIN > | 05-0392605 | | | |
| | | Firm's address 67 CEDAR STREET | | I IIIII S LIIV | | | | |
| Use Only Firm's address 67 CEDAR STREET PROVIDENCE, RI 02903 Phone no. (401)751-386 | | | | | | | | |
| Max | tha I | RS discuss this return with the preparer shown above? See instructions | | [i lione iio. (= | X Yes No | | | |
| iviay | u 18 11 | to discuss this return with the preparer shown above? See instructions | | | LALIES LINU | | | |

| | 1990 (2020) THE DOINTICATE CENTER TINC. 05-03/4330 Page 2 |
|-----------------|--|
| Pai | t III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | THE MISSION OF THE JONNYCAKE CENTER IS TO PROVIDE BASIC NEEDS, |
| | RESOURCES, AND HOPE TO OUR COMMUNITY MEMBERS. OUR VISION IS A |
| | COMMUNITY WITHOUT HUNGER AND POVERTY WHERE EVERYONE CAN REACH THEIR |
| | FULL POTENTIAL AND IMPROVE THEIR QUALITY OF LIFE. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| _ | T7 |
| | |
| _ | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 401,833. including grants of \$ 135,233.) (Revenue \$ |
| | FOOD AND NUTRITION PROGRAMS: THE CENTER DISTRIBUTED MORE THAN 260,000 |
| | POUNDS OF FOOD INCLUDING FRESH PRODUCE, DAIRY, AND FROZEN MEAT AND |
| | POULTRY. OUR FOOD PROGRAMS INCLUDE ROUTINE VISITS TO OUR "MARKET", |
| | WEEKLY SCHOOL VACATION MEALS AND SUMMER PRODUCE, AND SIGNIFICANT |
| | NUMBERS OF DELIVERIES TO HOMEBOUND SENIORS AND HOUSEHOLDS WHO WERE |
| | |
| | QUARANTINING DUE TO COVID-19. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 777, 273 • including grants of \$ 115, 136 •) (Revenue \$ 96, 315 •) |
| | MEMBER SERVICES INCLUDING: |
| | - ECONOMIC SECURITY: THE CENTER PROVIDED \$70,000 IN EMERGENCY |
| | FINANCIAL ASSISTANCE TO MEMBERS TO PREVENT EVICTION AND UTILITY |
| | |
| | SHUT-OFFS, SECURE NEW HOUSING, AND/OR PROVIDE TRANSPORTATION. DURING |
| | THE 2021 TAX SEASON, CLOSE TO \$300,000 IN TAX REFUNDS AND CREDITS WERE |
| | RETURNED TO JUST UNDER 200 FILERS THROUGH OUR VOLUNTEER INCOME TAX |
| | ASSISTANCE PROGRAM. |
| | - HOUSING: IN RESPONSE TO THE GROWING HOUSING CRISIS, THE CENTER |
| | INTRODUCED A NEW PROGRAM - JONNYCAKE NEIGHBORS - THAT OFFERS INTENSE |
| | HOUSING SEARCH AND APPLICATION ASSISTANCE; A READY TO RENT COURSE TO |
| | PREPARE RENTERS FOR SUCCESS; AND WE PURCHASED FOUR MULTI-UNIT DWELLINGS |
| | TO PROVIDE SERVICE-ENHANCED HOUSING TO LOCAL FAMILIES. IN ADDITION, THE |
| 4c | (Code:) (Expenses \$ |
| | / (Linear Linear |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| -r u | |
| 10 | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,179,106. |
| 40 | |
| | Form 990 (2020) |

Part IV | Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | х |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| u | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 114 | | |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | Х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | ,. |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | X |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | |

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Part IV | Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|-----|-----|-----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i> | | | |
| | Schedule J | 23 | | x |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 24c | | |
| d | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | l |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | v |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| · | "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 00 | | x |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| 33 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | Х |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| 00 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | -00 | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule 0 **T V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | |
| Pai | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | NI- |
| 10 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| | | - | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |

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Form **990** (2020)

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

| 2a Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 2.1 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 1 and 2a is granter from 250, you may be required to effect goin instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes,* has if field a Form 900°T for this year? If Ye? to line 3b, provide an explanation on Schedule 0 4c 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. Business gross income of \$1,000 or more during the year? 4d If Yes,* has if field a Form 900°T for this year? If Ye? to line 3b, provide an explanation on Schedule 0 4d 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. Business gross interests in, or a signature or other authority over, a financial account in a foreign country. Business gross interests in ordinary contributions for the property of the | | | | Yes | No |
|--|-----|---|-----|-----|-------|
| b If all least one is reported on line 2a, did the organization file all required to e-file (see instructions) Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 | 2a | | | | |
| Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a | | filed for the calendar year ending with or within the year covered by this return 2a 2a | | | |
| 3a X X bill the organization have unrelated business gross income of \$1,000 or more during the year? 3b X X bill 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, provide an explanation on Schedule O X X X X X X X X X | b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| b if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C 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? 4 a X 5 b if "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts? 4a X 5 b if "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR), 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party nority the organization file Form 888817? 5c If "Yes" to line Sa or Sb, did the organization file Form 888817? 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," did the organization noticity the doner of the value of the goods or services provided? 7 to granization stat may receive deductible contributions under section 170(c). 8 b If "Yes," did the organization needle a payment in excess \$15\tilde{s}\$ made party as a contribution of any party for goods and services provided to the payor? 7 to Did the organization receive a payment in excess \$15\tilde{s}\$ made party as a contribution of any party for goods and services provided to the payor? 7 to Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282? 7 to Did the organization received a contribution of a unique to the payor of the payment to the second organization received an contribution of unique type of the payment to the payment of the payment of the | | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 4a A tary time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a I **Yea*, "refer the name of the foreign country P** 5a Was the organization aparty to a prohibite dat was whether transaction at any time during the tax year? 5b Was the organization to a prohibite dat was whether transaction at any time during the tax year? 5c 1 **Yea* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c 5c 0a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when or tax deductible contributions are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section \$170(c)\$. 5c 0a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section \$170(c)\$. 5d 1**Yes*, 'did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 5d 1**Yes*, 'did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible or the value of the geodes or services provided? 7d 1**Yes*, 'indicate the number of forms \$220 filed during the year or the value of the geodes or services provided? 7e 2** 2** 3** 4 | За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | Х |
| financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I "Yes' to line Sa or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction? 5c I "Yes' to line Sa or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction? 5c I "Yes' to line Sa or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction? 6a X X b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization start many receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If "Yes," indicate the number of Forms 8282 fled during the year 10 Id the organization receive a parametria received accordibution of upon the year 2 If I was a section of the year or year year in the organization received a contribution of upon the year? 4 If Yes," indicate the number of Forms 8282 fled during the year 5 Id the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fle a Form 1098 C? 7 If I bid the organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Section 501(c)(12) organizations. Enter: a intation fees and capital contribution is included on Part VIII, line 12, for public use of | b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
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| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 I "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 I "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 I I'Yes," did the organization notify the donor of the value of the goods or services provided? 7 I b I'Yes," did the organization notify the donor of the value of the goods or services provided? 8 I did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 I did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 I did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8980 as required? 8 Sponsoring organization make a qualified intellectual property, did the organization file Form 8980 as required? 9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make at just passes holdings at any time during the year? 9 Sponsoring organization make any time during the year? 9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any time during the year? 10 Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12; for public use o | | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
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| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | 15 | | X |
| If "Yes," complete Form 4720, Schedule O. | | | | | 77 |
| | 16 | | 16 | | X |
| | | If "Yes," complete Form 4720, Schedule O. | Fam | 000 | (0000 |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | |
|--|---|---------|----------|------|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | |
| | | | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 1 | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | | Х | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х | | | | |
| 6 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? | 7a | | Х | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | |
| | persons other than the governing body? | 7b | | Х | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | |
| а | The governing body? | 8a | Х | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | |
| | | | Yes | No | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | |
| | in Schedule O how this was done | 12c | Х | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | | | | | |
| b | Other officers or key employees of the organization | 15b | | Х | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | |
| | taxable entity during the year? | 16a | | X | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | |
| Sec | tion C. Disclosure | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► NONE | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 | s only | /) avail | able | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | |
| | X Own website X Another's website X Upon request Other (explain on Schedule O) | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d finaı | ncial | | | | | |
| _ | statements available to the public during the tax year. | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | | |
| | THE ORGANIZATION - 401-789-1559 | | | | | | | |
| | 22 KERSEY ROAD, PEACEDALE, RI 02879 | | | | | | | |

Form **990** (2020)

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

| | Average hours per week (list any hours for related organizations below line) | stee or director | not c | ss pe | more rson i irecto | than of s both r/trus | n an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
|-----------------------------|--|------------------------------|----------------|---------|--------------------------|---------------------------------|--------|------------------------------------|--|---------------------------------|
| | week (list any hours for related organizations below line) | offic | cer an | | irecto | r/trus | | from | • | |
| | (list any hours for related organizations below line) | dividual trustee or director | tional trustee | | | | | | irom related | otrier |
| | hours for related organizations below line) | dividual trustee or direc | tional trustee | | | | | l the I | organizations | compensation |
| | organizations below line) | dividual trustee o | tional trustee | | | eq | | organization | (W-2/1099-MISC) | from the |
| | below line) | dividual trus | tional tr | | | ensat | | (W-2/1099-MISC) | | organization |
| | line) | dividu | Ę | | loyee | comp e | | | | and related |
| | , | I = | nstitu | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) KATE BREWSTER | ±0.00 | _ | _ | 0 | <u>x</u> | - e | ш | | | |
| EXECUTIVE DIRECTOR | | | | Х | | | | 95,492. | 0. | 23,084. |
| (2) JANE HAYWARD | 1.25 | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (3) SCOTT SHEPPARD | 1.25 | | | | | | | | | |
| VICE PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (4) JACQUELYN TRACY | 1.25 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (5) CHRIS HULTQUIST | 1.25 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (6) SHARON ALEXANDER | 1.25 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) SALLY COTTRILL | 1.25 | | | | | | | _ | _ | _ |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) ALISON CROKE | 1.25 | | | | | | | _ | | _ |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) SANDRA ENOS | 1.25 | l | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) ROLAND FIORE | 1.25 | l | | | | | | | | • |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) MICHELLE LITTLE | 1.25 | l | | | | | | | | • |
| MEMBER | 1 05 | Х | | | | | | 0. | 0. | 0. |
| (12) JAMI OUELETTE MORSE | 1.25 | ,, | | | | | | | 0 | 0 |
| MEMBER | 1 25 | Х | | | | | | 0. | 0. | 0. |
| (13) LOUIS GIANCOLA | 1.25 | ٦, | | | | | | ا م | 0 | 0 |
| MEMBER | 1 05 | Х | | | | | | 0. | 0. | 0. |
| (14) KRISTY EMBRACK SEARLES | 1.25 | х | | | | | | 0. | 0. | 0. |
| MEMBER | 1.25 | _ | | | | | | 0. | 0. | <u> </u> |
| (15) JOANNE LYNCH MEMBER | 1.43 | х | | | | | | 0. | 0. | 0. |
| MEMBER | | ^ | | | | | | 0. | • | <u></u> |
| ŀ | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Form **990** (2020)

| Pa | T VII Section A. Officers, Directors, Trus | | ploy | /ees | | | ighe | st C | | | | | | |
|---------------|---|------------------------------|---|-----------------------|--|--------------|--------------------------------|-------------|------------------------------------|--------------------------------------|-------|---------|--------------------------|---------------|
| | (A) | (B) | | | (C Posi | C) | | | (D) | (E) | | _ | (F) | |
| | Name and title | Average hours per week | (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | h an | Reportable compensation from | Reportable compensation from related | | l | timate nount other | |
| | | (list any hours for | director | | | | D. | | the organization | organization (W-2/1099-MI | | | pensa om the | |
| | | related organizations | ustee or | trustee | | ao | pensate | | (W-2/1099-MISC) | (| , | org | anizati | ion |
| | | below | Individual trustee or director | Institutional trustee | er | Key employee | Highest compensate employee | ıer | | | | | d relati anizatio | |
| | | line) | Indi | Insti | Officer | Keye | High | Form | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | Subtotal | <u> </u> | | | Ш | | | ▶ | 95,492. | | 0. | 2 | 3,0 | 84. |
| С | Total from continuation sheets to Part V | II, Section A | | | | | | > | 0. | | 0. | | 2 0 | 0. |
| <u>d</u> 2 | Total (add lines 1b and 1c) Total number of individuals (including but r | | | | | | | | 95,492. | 000 of reportab | 0 • | | 3,0 | 84. |
| _ | compensation from the organization | | 1000 | - 11010 | | | o, | | occived more than \$100 | ,,ooo or roportal | | | | 0 |
| 3 | Did the organization list any former officer, | director truct | 00 | kovi | amal | lovo | | , bio | shoot componented omr | alayaa an | | | Yes | No |
| 3 | line 1a? If "Yes," complete Schedule J for s | , | , | , | | , | , | _ | , , , | , | | 3 | | Х |
| 4 | For any individual listed on line 1a, is the su | um of reportab | le c | omp | ensa | atior | n and | d ot | her compensation from | | | | | 37 |
| 5 | and related organizations greater than \$15 Did any person listed on line 1a receive or | | | | | | | | | idual for services | | 4 | | Х |
| | rendered to the organization? If "Yes," com | | | | | • | | | | | , | 5 | | Х |
| | Complete this table for your five highest on | mpopostod in | don | | nt o | ont | ro ot c | | that received mare than | \$100,000 of oor | | otion | · · · · · | |
| 1 | Complete this table for your five highest countries the organization. Report compensation for | | | | | | | | | | препа | alion | TOITI | |
| | (A) Name and business | addraga | NT/ | ~ NTT | , | | | | (B) Description of s | onvioos | |) (C | ;) nsatio | <u> </u> |
| | Name and business | auuress | 1// | INC | <u>. </u> | | | \dashv | Description of s | ei vices | | ompe | isatioi | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| _ | Total number of independent contractions / | ت خریط جامان ما | o+ !! | mit - | 4+- | + b - | 00 11 | | d abough who was also diesel | ace there | | | | |
| 2 | Total number of independent contractors (\$100,000 of compensation from the organi | | iUt II | mice | น เ0 | ruo (| se 119 0 | siec | abovej who received m | iore trian | | | | |
| | | | | | | | | | | - | | Form | ~~~ | $\overline{}$ |

032008 12-23-20

| Pa | rt VII | Statement of Revenue | | | | | |
|--|--------|---|--------------------|---------------|------------------------------------|-------------------------------|----------------------------------|
| | | Check if Schedule O contains a response | or note to any lir | | | | <u></u> |
| | | | | (A) | (B) | (C) | (D) Revenue excluded |
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | £ |
| | | | | | Tariotion Tovonac | Business revenue | sections 512 - 514 |
| ts | 1 a | Federated campaigns 1a | | | | | |
| Iran | | Membership dues 1b | | | | | |
| اغٌ. | С | ' | | - | | | |
| ii ji | | Related organizations 1d | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Government grants (contributions) 1e | 90,000. | - | | | |
| Sign | | All other contributions, gifts, grants, and | | | | | |
| ihe l | | similar amounts not included above 11 3, | 603,907. | | | | |
| Ę Ę | g | ··· 1 | 388,955. | | | | |
| a G | _ | Total. Add lines 1a-1f | | 3,693,907. | | | |
| | | | Business Code | | | | |
| o l | 2 a | THRIFT SHOP SALES | 453310 | 51,226. | 51,226. | | |
| اگر ا | b | | | , | , | | |
| Ser | c | | | | | | |
| E S | d | | | | | | |
| Program Service Revenue | ء م | | | | | | |
| Pr | f | All other program service revenue | | | | | |
| | | Total. Add lines 2a-2f | <u> </u> | 51,226. | | | |
| \neg | 3 | Investment income (including dividends, inter | | 0=7==0 | | | |
| | - | other similar amounts) | • | 23,080. | 23,080. | | |
| | 4 | Income from investment of tax-exempt bond | _ | | - | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a 45,089. | | - | | | |
| | b | | | | | | |
| | С | | | | | | |
| | d | Net rental income or (loss) | | -12,844. | | | -12,844. |
| | | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a | | | | | |
| | b | Less: cost or other basis | | | | | |
| e e | | and sales expenses 7b | | | | | |
| Revenue | С | Gain or (loss) 7c | | | | | |
| Be | | Net gain or (loss) | | | | | |
| her | | Gross income from fundraising events (not | | | | | |
| 됩 | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 | | | | | |
| | b | Less: direct expenses 8b | 6,443. | | | | |
| | | Net income or (loss) from fundraising events | , > | 50,585. | | | 50,585. |
| | 9 a | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 9a | | | | | |
| | b | Less: direct expenses 9b | | | | | |
| | С | Net income or (loss) from gaming activities | > | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | |
| | | and allowances 10a | а | | | | |
| | b | Less: cost of goods sold10t | b | | | | |
| | С | Net income or (loss) from sales of inventory | | | | | |
| S | | | Business Code | | | | |
| eon e | 11 a | MISCELLANEOUS INCOME | 900099 | 1,492. | 1,492. | | |
| lan | b | | | | | | |
| Miscellaneous Revenue | С | | | | | | |
| Σ | | All other revenue | | 1 100 | | | |
| | | Total. Add lines 11a-11d | ······ | 1,492. | 75 500 | | 20 044 |
| | 12 | Total revenue. See instructions | | 3.807.446. | 75.798. | 0. | 37.741. |

Part IX | Statement of Functional Expenses

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

| Do : | Check if Schedule O contains a respon not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
|------|---|----------------|-----------------------------|---------------------------------|-------------------------|
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | 250 260 | 250 260 | | |
| | individuals. See Part IV, line 22 | 250,369. | 250,369. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 116,796. | 75,917. | 11,680. | 29,199 |
| _ | trustees, and key employees | 110,790. | 13,311. | 11,000. | 49,199 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 306,740. | 237,936. | 16,086. | 52,718 |
| 7 | Other salaries and wages | 300,740. | 431,330• | 10,000. | J4,110 |
| 8 | Pension plan accruals and contributions (include | | | | |
| ^ | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 81,767. | 58,091. | 12,048. | 11,628 |
| 10 | Payroll taxes Fees for services (nonemployees): | 01,707. | 50,091. | 12,040• | 11,020 |
| 11 | ` ' ' ' | | | | |
| | | | | | |
| b | Legal | | | | |
| | • | | | | |
| | Lobbying | 19,500. | | | 19,500 |
| | Investment management fees | 15,500. | | | 17,500 |
| f | | | | | |
| g | column (A) amount, list line 11g expenses on Sch 0.) | 42,369. | 35,241. | 1,524. | 5,604 |
| 12 | Advertising and promotion | 26,337. | 600. | 14,933. | 10,804 |
| 13 | Office expenses | 26,108. | 8,860. | 10,307. | 6,941 |
| 14 | Information technology | 20,2001 | 0,0001 | 20,00,0 | 0,511 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 55,779. | 45,398. | 10,381. | |
| 17 | Travel | 2,784. | 2,180. | 604. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 45,360. | 29,938. | 6,350. | 9,072 |
| 23 | Insurance | 36,227. | 23,232. | 7,017. | 5,978 |
| 24 | Other expenses. Itemize expenses not covered | , == | -,=== | , | - , |
| | above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | FOOD AND OTHER PROGRAM | 325,665. | 325,665. | | |
| b | OTHER IN-KIND | 79,412. | 52,420. | | 26,992 |
| C | SUPPLIES | 20,142. | 13,218. | 6,035. | 889 |
| d | PRINTING & POSTAGE | 11,598. | 1,561. | 2,488. | 7,549 |
| - | All other expenses | 33,580. | 18,480. | 10,316. | 4,784 |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,480,533. | 1,179,106. | 109,769. | 191,658 |
| 26 | Joint costs. Complete this line only if the organization | , , | , -, | , | |
| _0 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | | | | | Earm 990 (2020 |

Form **990** (2020)

| Pa | rt X | Balance Sheet | | | | | |
|-----------------------------|------|--|------------------|---------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or r | ote to any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 235,158. | 1 | 505,082. |
| | 2 | Savings and temporary cash investments | | | 1,234,835. | 2 | 1,382,102. |
| | 3 | Pledges and grants receivable, net | 242,698. | 3 | 344,502. | | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, sul | ostantial co | ontributor, or 35% | | | |
| | | controlled entity or family member of any of the | nese perso | ns | | 5 | |
| | 6 | Loans and other receivables from other disqu | sons (as defined | | | | |
| | | under section 4958(f)(1)), and persons describ | oed in sect | ion 4958(c)(3)(B) | | 6 | |
| ţ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 50,330. | 9 | 16,566. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | | 2,980,509. | | | |
| | b | Less: accumulated depreciation | . 10b | 384,278. | 763,606. | 10c | 2,596,231. |
| | 11 | Investments - publicly traded securities | | 11 | | | |
| | 12 | Investments - other securities. See Part IV, lin | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, lin | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 76,008. | 15 | 97,108. | | |
| | 16 | Total assets. Add lines 1 through 15 (must ed | | | 2,602,635. | 16 | 4,941,591. |
| | 17 | Accounts payable and accrued expenses | 53,289. | 17 | 70,536. | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complet | | | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or for | | | | | |
| Ħ | | trustee, key employee, creator or founder, sul | | | | | |
| <u>ia</u> | | controlled entity or family member of any of the | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unr | | | 90,904. | 23 | 0F 700 |
| | 24 | Unsecured notes and loans payable to unrela | | | 90,904. | 24 | 85,700. |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on lin | ies 17-24). | Complete Part X | 650. | | 650. |
| | 00 | of Schedule D | | _ | 144,843. | 25 26 | 156,886. |
| | 26 | Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c | | | 144,045. | 26 | 130,000. |
| es | | and complete lines 27, 28, 32, and 33. | neck nere | | | | |
| auc | 27 | Net assets without donor restrictions | | | 1,771,375. | 27 | 3,830,700. |
| Bal | 28 | Net assets with donor restrictions | | | 686,417. | 28 | 954,005. |
| БП | 20 | Organizations that do not follow FASB ASC | | | 000,117 | 20 | 301,0001 |
| Ξ | | and complete lines 29 through 33. | , 900, chec | CK Here | | | |
| ٥ | 29 | Capital stock or trust principal, or current fund | de | | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | _ | 2,457,792. | 32 | 4,784,705. |
| ~ | 33 | Total liabilities and net assets/fund balances | | | 2,602,635. | 33 | 4,941,591. |
| | 1 00 | Total habilities and not assets/fully balances | | | =,::=,::: | 00 | Form 990 (2020 |

| Pa | t XI Reconciliation of Net Assets | | | | | | | |
|----|--|------------|------|-----------|-----|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,80 | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,48 | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 2,326,913 | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2,45 | 7,7 | 92. | | | |
| 5 | Net unrealized gains (losses) on investments | | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | |
| 7 | Investment expenses | 7 | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | | |
| | column (B)) | 10 | 4,78 | 4,7 | 05. | | | |
| Pa | t XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X | | | |
| | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | _X_ | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | te basis, | | | | | | |
| | consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the second | ie audit, | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sc | | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | | | | |
| | Act and OMB Circular A-133? | | 3a | | X | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audit | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | |

Form **990** (2020)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

05-0374356

THE JONNYCAKE CENTER INC.

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

organization. You must complete Part IV, Sections A and B.

| 1 | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). |
|---|---|--|
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) |
| 3 | | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). |
| 4 | | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, |
| | | city, and state: |
| 5 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in |
| | | section 170(b)(1)(A)(iv). (Complete Part II.) |
| 6 | | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). |
| 7 | X | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in |
| | | section 170(b)(1)(A)(vi). (Complete Part II.) |

An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from

activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.

See section 509(a)(2). (Complete Part III.)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or

more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)

that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

| f Enter the number of supported organizations | | | | | | | |
|---|------------------------------------|----------------------|---|---|--------------|---|---|
| g | Provide the following information | n about the supporte | ed organization(s). | | | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the orga in your governi Yes | na document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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

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

| Section A. Public Support | | | | | | | |
|---------------------------|--|-----------------------|----------------------|----------------------|----------------------|---------------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 880,509. | 926,837. | 1220695. | 3287077. | 3693907. | 10009025. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | 000 500 | 006 000 | 1000605 | 2000000 | 260200 | 100000 |
| 4 | Total. Add lines 1 through 3 | 880,509. | 926,837. | 1220695. | 3287077. | 3693907. | 10009025. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | 212 156 |
| _ | column (f) | | | | | | 213,156. 9795869. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 9/95669. |
| | ndar year (or fiscal year beginning in) | /=\ 001C | (h) 0017 | (-) 0010 | (4) 0010 | (=) 0000 | (f) Total |
| | | (a) 2016 880, 509. | (b) 2017 926,837. | (c) 2018 1220695. | (d) 2019 3287077. | (e) 2020 3693907 | (f) Total 10009025. |
| | Amounts from line 4 Gross income from interest, | 000,303. | 320,037. | 1220055. | 3207077. | 3033307. | 10000023. |
| 0 | , | | | | | | |
| | dividends, payments received on securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 2,406. | 2,497. | 4,987. | 10,650. | 23,080. | 43,620. |
| 9 | Net income from unrelated business | 2,2000 | 2,257 | 2,30.0 | 20,000 | 23,3333 | 13,0201 |
| J | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 4,658. | 10,393. | | | 1,492. | 16,543. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 16,543. 10069188. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 1 | ,140,716. |
| 13 | First 5 years. If the Form 990 is for the | | | | | 501(c)(3) | |
| | organization, check this box and stop | here | | | | | > □ |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 14 | Public support percentage for 2020 (| | | | | 14 | 97.29 % |
| 15 | Public support percentage from 2019 | Schedule A, Part | II, line 14 | | | 15 | 94.85 % |
| 16a | 33 1/3% support test - 2020. If the o | • | | • | | • | |
| | stop here. The organization qualifies as a publicly supported organization | | | | | | |
| b | 33 1/3% support test - 2019. If the o | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | _ | | | | | |
| | and if the organization meets the fact | | | | | _ | |
| | meets the facts-and-circumstances to | • | • | | | | |
| b | 10% -facts-and-circumstances tes | _ | | | | | 10% or |
| | more, and if the organization meets the | | • | | | | _ |
| 40 | organization meets the facts-and-circ | | | | | | _ |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 160, 17a, or 17k | o, cneck this box a | ına see instructior | ıs 🖊 📖 |

Schedule A (Form 990 or 990-EZ) 2020

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.)

| Se | ction A. Public Support | , , | , | | | | |
|------|--|---------------|-----------------|----------|----------|----------|---------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| k | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | <u> </u> | | <u> </u> | |
| 14 | First 5 years. If the Form 990 is for th | - | | | • | | |
| 80 | check this box and stop here | io Cupport Da | roontogs | | | | > |
| | ction C. Computation of Publ | | | (6) | | 145 | |
| | Public support percentage for 2020 (I | | | | | 15 | <u>%</u> |
| | Public support percentage from 2019 ction D. Computation of Investigation | | | | | 16 | <u>%</u> |
| | | | | | | 147 | 0/ |
| | Investment income percentage for 20 | | | | | 17 | <u>%</u> % |
| 18 | Investment income percentage from 2 | | | | | | |
| 198 | 33 1/3% support tests - 2020. If the | | | | | | |
| L | more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | • | | | • | • | |
| 20 | Private foundation If the organization | | | | | | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| 1 | |
|-----|--|
| 1 | |
| | |
| | |
| 2 | |
| 3a | |
| | |
| 3b | |
| 3c | |
| 30 | |
| 4a | |
| 48 | |
| | |
| 4b | |
| | |
| 4c | |
| | |
| 5a | |
| 3 | |
| 5b | |
| 5c | |
| 30 | |
| 6 | |
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| 7 | |
| - | |
| 8 | |
| | |
| 9a | |
| | |
| 9b | |
| | |
| 9c | |
| | |
| 10a | |
| 10b | |

| Par | t IV | Supporting Organizations (continued) | | | |
|--------|---------|--|-----------|-----|----|
| | | | | Yes | No |
| 11 | Has th | e organization accepted a gift or contribution from any of the following persons? | | | |
| а | A pers | on who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| | 11c be | elow, the governing body of a supported organization? | 11a | | |
| b | A fami | ly member of a person described in line 11a above? | 11b | | |
| С | A 35% | controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | | n Part VI. | 11c | | |
| Sec | tion E | B. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | | e governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | | supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | | ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | | zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | suppo | rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the | e organization operate for the benefit of any supported organization other than the supported | | | |
| | organi | zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part V | I how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | rised, or controlled the supporting organization. | 2 | | |
| Sec | tion C | C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | | a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | | tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | | nagement of the supporting organization was vested in the same persons that controlled or managed | | | |
| 0 | | oported organization(s). | 1 | | |
| Sec | tion L | D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | | e organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | | zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | | ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| _ | | zation's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | _ | zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| 2 | | ganization maintained a close and continuous working relationship with the supported organization(s). son of the relationship described in line 2, above, did the organization's supported organizations have a | 2 | | |
| 3 | • | | | | |
| | | cant voice in the organization's investment policies and in directing the use of the organization's e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | rted organizations played in this regard. | 2 | | |
| Sec | | i. Type III Functionally Integrated Supporting Organizations | 3 | | |
| 1 | | the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) | | | |
| ' a | | The organization satisfied the Activities Test. Complete line 2 below. | • | | |
| b | | The organization satisfied the Activities rest. complete line 2 solow. The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | | The organization is the parent of each of its supported organizations. <i>Somplete line & seem.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity</i> (see in | struction | าร) | |
| 2 | | ies Test. Answer lines 2a and 2b below. | | Yes | No |
| – a | | bstantially all of the organization's activities during the tax year directly further the exempt purposes of | | 100 | |
| _ | | pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | | supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | ne organization was responsive to those supported organizations, and how the organization determined | | | |
| | | ese activities constituted substantially all of its activities. | 2a | | |
| b | | e activities described in line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | | more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | | I the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | | activities but for the organization's involvement. | 2b | | |
| 3 | | of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | | e organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | truste | es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | | e organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Pai | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | | |
|------|--|----------------|-----------------------------|--------------------------------|--|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust on | Nov. 20, 1970 (explain in I | Part VI). See instructions. | |
| | All other Type III non-functionally integrated supporting organizations must | st complete | Sections A through E. | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Net short-term capital gain | 1 | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | |
| 3 | Other gross income (see instructions) | 3 | | | |
| 4 | Add lines 1 through 3. | 4 | | | |
| 5 | Depreciation and depletion | 5 | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | |
| | collection of gross income or for management, conservation, or | | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | | |
| 7 | Other expenses (see instructions) | 7 | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | |
| | instructions for short tax year or assets held for part of year): | | | | |
| а | Average monthly value of securities | 1a | | | |
| b | Average monthly cash balances | 1b | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | |
| е | Discount claimed for blockage or other factors | | | | |
| | (explain in detail in Part VI): | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | |
| | see instructions). | 4 | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | |
| 6 | Multiply line 5 by 0.035. | 6 | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| Sect | ion C - Distributable Amount | | | Current Year | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | |
| 5 | Income tax imposed in prior year | 5 | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ally integrate | ed Type III supporting org | anization (see | |
| | instructions). | | | | |

Schedule A (Form 990 or 990-EZ) 2020

| Par | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | |
|-------|--|-----------------------------------|-------------------------------|----|----------------------------------|--|
| Secti | on D - Distributions | | | | Current Year | |
| _1_ | Amounts paid to supported organizations to accomplish exe | | 1 | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt | | | | | |
| | organizations, in excess of income from activity | | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | ns | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | | | |
| _5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsiv | е | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | | |
| | | (i) | (ii) | | (iii) | |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2020 | ıs | Distributable Amount for 2020 | |
| _1_ | Distributable amount for 2020 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | | |
| а | From 2015 | | | | | |
| b | From 2016 | | | | | |
| c | From 2017 | | | | | |
| d | From 2018 | | | | | |
| e | From 2019 | | | | | |
| f | Total of lines 3a through 3e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2020 distributable amount | | | | | |
| i_ | Carryover from 2015 not applied (see instructions) | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2020 from Section D, | | | | | |
| | line 7: \$ | | | | | |
| a | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2020 distributable amount | | | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2020, if | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | |
| | than zero, explain in Part VI. See instructions. | | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | | |
| | and 4c. | | | | | |
| _8_ | Breakdown of line 7: | | | | | |
| a | Excess from 2016 | | | | | |
| | Excess from 2017 | | | | | |
| c | Excess from 2018 | | | | | |
| d | Excess from 2019 | | | | | |

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

| Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|--|
| SCHEDULE A, PART II, SECTION A |
| THE 2019 COLUMN INCLUDES THE FISCAL YEAR OF JULY 1, 2019 THROUGH JUNE |
| 30,2020 AS WELL AS THE SHORT YEAR OF JANUARY 1, 2019 TO JUNE 30, 2019. |
| THE ORGANIZATION CHANGED FROM A CALENDAR YEAR TO A FISCAL YEAR ENDED |
| JUNE 30 BEGINNING ON JUNE 30, 2019. THE AMOUNTS IN THE 2019 COLUMN |
| WERE COMBINED TO ENSURE THAT ALL AMOUNTS WITHIN THE 5 YEAR PERIOD ARE |
| INCLUDED. THE INFORMATION FOR THE YEARS PRIOR ARE FOR CALENDAR YEARS. |
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Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

| 365,924. 250,000. | 164,540. 48,616. |
|----------------------|---------------------|
| 250,000. | 48,616. |
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| | 213,156. |
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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

Employer identification number

2020

THE JONNYCAKE CENTER INC. 05-0374356 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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

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

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

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

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

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

THE JONNYCAKE CENTER INC.

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$125,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ 30,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | - Training data coop and En 1 1 | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$ | Person X Payroll |

05-0374356 THE JONNYCAKE CENTER INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 10 Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 11 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 Person **Pavroll** 5,000. Noncash (Complete Part II for

noncash contributions.)

THE JONNYCAKE CENTER INC.

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|--|---|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution | | | |
| 13 | | \$ 20,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution | | | |
| 14 | | \$S,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution | | | |
| 15 | | \$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution | | | |
| 16 | | \$ 171,800. Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution | | | |
| 17 | | \$S,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution | | | |
| 18 | | \$S,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |

Name of organization

Employer identification number

THE JONNYCAKE CENTER INC.

05-0374356

THE JONNYCAKE CENTER INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| | Contributor (coc moraciono). Coc auplicato copios or rate in additiona | | |
|------------|--|----------------------------|-----------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 19 | | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 20 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 21 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 22 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 23 | | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 24 | | \$10,000. | Person X Payroll |

THE JONNYCAKE CENTER INC.

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | Il space is needed. |
|------------|---|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 25 | Name, address, and ZiF + + | \$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 26 | | \$ 15,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 27 | | \$ 25,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 28 | rume, address, and En 1 1 | \$ 25,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 29 | | \$ 150,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 30 | | \$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) |

THE JONNYCAKE CENTER INC.

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed. |
|------------|---|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 31 | | \$ 10,183. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 32 | | \$ 45,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 33 | | \$ 50,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 34 | | \$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 35 | | \$ 35,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 36 | | \$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.) |

THE JONNYCAKE CENTER INC.

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | ıl space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 37 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 38 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 39 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 40 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 41 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 42 | | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

THE JONNYCAKE CENTER INC.

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | ıl space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 43 | | \$8,874. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 44 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 45 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 46 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 47 | | \$13,565 . | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 48 | | \$5,000. | Person X Payroll |

THE JONNYCAKE CENTER INC.

| Parti | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed. | |
|------------|---|-------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 49 | | \$\$, 5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 50 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 51 | | \$ 25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 52 | | - \$ 5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 53 | | - - \$ 15,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 54 | | \$ 30,000. | Person X Payroll |

THE JONNYCAKE CENTER INC.

| Part II | Noncash Property (see instructions). Use duplicate copies of P | Part II if additional space is needed. | |
|------------------------------|--|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | <u> </u> | |
| | | | |

Employer identification number

Name of organization

05-0374356 THE JONNYCAKE CENTER INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE JONNYCAKE CENTER INC.

Employer identification number 05-0374356

| Pai | rt I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds or | Accounts. Complete if the |
|--------|--|---|---------------------------------|
| | organization answered "Yes" on Form 990, Part IV, line 6. | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advised f | unds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds can be use | d only |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose con | ferring |
| | | | |
| Pai | rt II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, Part | IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (for example, recrea | | storically important land area |
| | Protection of natural habitat | Preservation of a ce | ertified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quality | fied conservation contribution in the form of a | |
| | day of the tax year. | | Held at the End of the Tax Year |
| | Total number of conservation easements | | |
| | Total acreage restricted by conservation easements | | • |
| | Number of conservation easements on a certified historic str | | . 2c |
| a | Number of conservation easements included in (c) acquired | | |
| • | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the org | ganization during the tax |
| 4 | year | coment is leasted | |
| 4 5 | Number of states where property subject to conservation ea | | |
| 3 | Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| Ū | b | Transming of Violations, and emoreting conserve | ation casements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservation | easements during the year |
| - | \$ | | caseee adming and year |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170(h)(4 | 4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | • | |
| 9 | In Part XIII, describe how the organization reports conservati | | |
| | balance sheet, and include, if applicable, the text of the footi | - | |
| | organization's accounting for conservation easements. | | |
| Pai | rt III Organizations Maintaining Collections o | f Art, Historical Treasures, or Othe | r Similar Assets. |
| | Complete if the organization answered "Yes" on Form | n 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 58, not to report in its revenue statement and I | balance sheet works |
| | of art, historical treasures, or other similar assets held for pul | olic exhibition, education, or research in furthe | erance of public |
| | service, provide in Part XIII the text of the footnote to its final | ncial statements that describes these items. | |
| b | If the organization elected, as permitted under FASB ASC 95 | 58, to report in its revenue statement and bala | nce sheet works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furtheral | nce of public service, |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | · |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical tre | asures, or other similar assets for financial gai | in, provide |
| | the following amounts required to be reported under FASB A | | |
| | Revenue included on Form 990, Part VIII, line 1 | | · |
| | Assets included in Form 990, Part X | | |
| LHA | For Paperwork Reduction Act Notice, see the Instruction | s for Form 990. | Schedule D (Form 990) 2020 |

032051 12-01-20

| | | Collections of A | | | a a w Cimail | 0 | 1-1-1 | | age Z |
|-----|--|------------------------|---------------------------------------|----------------------|--------------|-------------|------------|----------------|-------|
| | - Totalina in an i | | - | - | | | | nued) | |
| 3 | Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its | | | | | | | | |
| | collection items (check all that apply): | | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | | |
| b | Scholarly research | е | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how they further t | ne organization's ex | cempt purp | ose in Par | t XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations o | of art, historical trea | sures, or other simi | lar assets | | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of t | he organization's co | ollection? | | <u></u> | Yes | | No |
| Pai | t IV Escrow and Custodial Arran | gements. Comple | ete if the organizatio | n answered "Yes" o | on Form 990 | 0, Part IV, | line 9, or | • | |
| | reported an amount on Form 990, Par | t X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | liary for contribution | s or other assets n | ot included | | | | |
| | on Form 990, Part X? | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | |
| | | | | | | | Amoun | t | |
| С | Beginning balance | | | | 1c | | | | |
| | Additions during the year | | | | | | | | |
| | Distributions during the year | | | | | | | | |
| f | Ending balance | | | | | | | | |
| 2a | Did the organization include an amount on Fo | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | planation has been | provided on Part X |]]]]]] | | | | |
| | rt V Endowment Funds. Complete in | | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three | years back | (e) Four | years | back |
| 1a | Beginning of year balance | 57,302. | 54,732. | 60,101 | | 53,992. | | 52, | 674. |
| | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and losses | 19,667. | 5,666. | -2,301 | | 9,136. | | 1, | 318. |
| d | <u> </u> | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | 2,578. | 2,528. | 2,513 | | 2,476. | | | |
| f | Administrative expenses | 581. | 568. | 555 | | 551. | | | |
| g | End of year balance | 73,810. | 57,302. | 54,732 | | 60,101. | | 53, | 992. |
| 2 | Provide the estimated percentage of the curr | rent vear end balanc | e (line 1a. column (a | - | | | ı | | |
| а | Board designated or quasi-endowment | , | % | 7) | | | | | |
| b | Permanent endowment ► 100 | % | | | | | | | |
| | | | | | | | | | |
| • | The percentages on lines 2a, 2b, and 2c sho | · - | | | | | | | |
| За | Are there endowment funds not in the posse | | ation that are held a | nd administered for | the organi | zation | | | |
| | by: | | | | | | [| Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | X | |
| | (ii) Related organizations | | | | | | · • • • • | | X |
| b | If "Yes" on line 3a(ii), are the related organiza | tions listed as requir | ed on Schedule R? | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | | | | | | | | |
| | Complete if the organization answered | |), Part IV, line 11a. S | See Form 990, Part | X, line 10. | | | | |
| | Description of property | (a) Cost or of | · · · · · · · · · · · · · · · · · · · | <u> </u> | Accumulate | ed | (d) Boo | k valu | e |
| | basis (investment) basis (other) depreciation | | | | | | | | |
| 1a | 1a Land 513,200. 513,200. | | | | | | | | |
| | Buildings | | | 6,113. | 305,8 | 05. | 1,47 | | |
| | Leasehold improvements | | | 0,814. | 10,1 | | | | 26. |
| | Equipment | | | 1,172. | 40,9 | | 1 | 0,2 | |
| | Other | | | 9,210. | 27,3 | | | 1,8 | |

Schedule D (Form 990) 2020

2,596,231.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| Schedule D (Form 990) 2020 THE JONNYCAI | KE CENTER INC. | . 05 | -0374356 Page |
|--|------------------------------|--|------------------------|
| Part VII Investments - Other Securities. | | | Ter - e e e e e e e |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line 1 | 1b. See Form 990, Part X, line 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | on Form 000 Port IV line 1 | 1a Saa Farm 000 Bart V lina 12 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-vear market value |
| | (a) Book value | (e) Method of Valuation: Cool of one | a or your market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | | 1d. See Form 990, Part X, line 15. | |
| (a) [| Description | | (b) Book value |
| <u>(1)</u> | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15.) | • | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" | on Form 990. Part IV. line 1 | 1e or 11f. See Form 990. Part X. line 25 | 5. |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | <u> </u> |
| (2) SECURITY DEPOSITS | | | 650 |
| (3) | | | "" |
| (4) | | | |
| (5) | | | |
| (0) | | | Ī |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

(6) (7) (8)

Schedule D (Form 990) 2020

650.

| Schedule D (Form 990) 2020 THE JONNYCAKE CENTER | INC. | 05- | -0374356 Page 4 |
|---|-------------------|------------------|------------------------|
| Part XI Reconciliation of Revenue per Audited Financial | Statements With F | | |
| Complete if the organization answered "Yes" on Form 990, Part | IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | s | 1 | 3,871,822. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a Net unrealized gains (losses) on investments | 2a | | |
| b Donated services and use of facilities | 2b | | |
| c Recoveries of prior year grants | 2c | | |
| d Other (Describe in Part XIII.) | 2d | 64,376. | |
| e Add lines 2a through 2d | | 2e | 64,376. |
| 3 Subtract line 2e from line 1 | | 3 | 3,807,446. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| b Other (Describe in Part XIII.) | | | |
| c Add lines 4a and 4b | | | 0. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | 3,807,446. |
| Part XII Reconciliation of Expenses per Audited Financia | | Expenses per Ret | urn. |
| Complete if the organization answered "Yes" on Form 990, Part | | | 1 544 000 |
| 1 Total expenses and losses per audited financial statements | | 1 | 1,544,908. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | | |
| a Donated services and use of facilities | 2a | | |
| b Prior year adjustments | | | |
| c Other losses | | C4 275 | |
| d Other (Describe in Part XIII.) | • | 64,375. | C4 275 |
| e Add lines 2a through 2d | | | 64,375. |
| 3 Subtract line 2e from line 1 | | 3 | 1,480,533. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 . 1 | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| b Other (Describe in Part XIII.) | | | |
| c Add lines 4a and 4b | | | 0. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li | ine 18.) | 5 | 1,480,533. |
| Part XIII Supplemental Information. | | | |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi | | | rt X, line 2; Part XI, |
| | | | |
| PART X, LINE 2: | | | |
| THE CENTER EVALUATES ITS UNCERTAIN TAX | POSITIONS US | ING THE GUII | DANCE FOR |
| CONTINGENCIES AS CONTAINED IN GENERALLY | ACCEPTED AC | COUNTING PR | INCIPLES. |
| THE CENTER WAS NOT AWARE OF ANY UNCERTA | | | |
| | | | |
| PROVIDED FOR IN THE ACCOMPANYING FINANC | CIAL STATEMEN | TS. | |
| | | | |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | | | |
| SPECIAL EVENT EXPENSES NETTED WITH REVI | ENUE | | 6,443. |
| RENTAL EXPENSES NETTED WITH REVENUE | | | 57,933. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | | 64,376. | |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE JONNYCAKE CENTER INC.

Employer identification number 0.5-0.374356

| Part I Fundraising Activities | Complete if the organization answer | ered "Y | es" or | n Form 990, Part IV, | line 17. Form 990-E2 | I filers are not |
|--|---|--|---|--|--|---|
| required to complete this par Indicate whether the organization rais X Mail solicitations D X Internet and email solicitations C X Phone solicitations In-person solic | sed funds through any of the following with a Solicita or oral agreement with any individual or or oral agreement with any individual or entities (fundraisers) pursuits and fundraisers. | tion of tion of fundra I (includer profess | non-g gover lising o ding o ional f | overnment grants nment grants events fficers, directors, true undraising services? | stees, or X Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have con or con contribu | Did aiser ustody trol of utions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| PARTNERS IN PHILANTHROPY - 22 DRAKE DRIVE, RICHMOND, RI | CAPITAL CAMPAIGN CONSULTANT | Yes | No X | 0. | 19,500. | -19,500. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Total 3 List all states in which the organization | on is registered or licensed to solicit | contrib | ▶ | s or has been notified | 19,500. | -19,500. egistration |
| or licensing. | | | | | | |
| | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

| | | of fundraising event contributions and gr | (a) Event #1 | (b) Event #2 | (c) Other events NONE | (d) Total events |
|-----------------|------|--|----------------------------|--|------------------------|--|
| | | | ANNUAL EVENT | | | (add col. (a) through col. (c)) |
| ā | | | (event type) | (event type) | (total number) | Coi. (C)) |
| Revenue | 1 | Gross receipts | 57,028. | | | 57,028. |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 57,028. | | | 57,028. |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| Direct E | 7 | Food and beverages | | | | |
| _ | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 0,443. | | | 6,443. 6,443. 50,585. |
| | 10 | | | | | 50 585 |
| Pa | rt l | Net income summary. Subtract line 10 from I Gaming. Complete if the organization | answered "Yes" on Form | n 990. Part IV. line 19. or | reported more than | 30,303. |
| | | \$15,000 on Form 990-EZ, line 6a. | | | • | |
| e | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add |
| Revenue | | | | billyo/progressive billyo | | col. (a) through col. (c)) |
| Re | 1 | Gross revenue | | | | |
| Ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No No | ∟ No | ∟∟ No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | > | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | > | |
| 9 | En | ter the state(s) in which the organization condu | ucts gaming activities: | | | |
| а | ls t | the organization licensed to conduct gaming a No," explain: | ctivities in each of these | states? | | Yes No |
| | _ | | | | | |
| | | ere any of the organization's gaming licenses re Yes," explain: | | _ | year? | Yes No |
| | | | | | | |
| | _ | | | | | |
| 0320 | 82 1 | 1-25-20 | | | Schedule G (Fo | rm 990 or 990-EZ) 2020 |

| Sch | edule G (Form 990 or 990-EZ) 2020 THE JONNYCAKE CENTER INC. U5-0 | 13/4356 | Page 3 |
|-----------|--|---------------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | └─ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| а | The organization's facility | 13a | % |
| | An outside facility | 13b | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | · |
| | Name | | |
| | Address > | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | ☐ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | |
| С | of gaming revenue retained by the third party ▶\$ If "Yes," enter name and address of the third party: | | |
| | Name | | |
| | Address > | | |
| 16 | Gaming manager information: | | |
| | Name | | |
| | Gaming manager compensation ▶ \$ | | |
| | | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | |
| 17 | Mandatory distributions: | | |
| | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| а | | Yes | □ No |
| h | retain the state gaming license? | 🗀 163 | 110 |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| Da | organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa | art III. linna O | 0h 10h |
| ıa | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | art III, III les 9, | 90, 100, |
| | 13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
| SC | HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE | RS: | |
| | | | |
| <u>(I</u> |) NAME OF FUNDRAISER: PARTNERS IN PHILANTHROPY | | |
| (I |) ADDRESS OF FUNDRAISER: 22 DRAKE DRIVE, RICHMOND, RI 02892 | | |
| | | | |
| | | | |
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| Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info | THE JONNYCAKE CENTER INC. | 05-0374356 Page 4 |
|--|---------------------------|-------------------|
| Part IV Supplemental Info | ormation (continued) | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| THE JONNYCAKE CENTER INC. | | | | | | 05-0374356 | |
|---|-----------------|------------------------------------|--------------------------|-----------------------------------|--|---------------------------------------|------------------------------------|
| Part I General Information on Grants and Assistance | | | | | | | |
| Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr | stance? | | | | | | |
| Part II Grants and Other Assistance to | | | | | anization answered " | Yes" on Form 990. Part | IV. line 21. for any |
| recipient that received more than | _ | | | | | | , , , |
| Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization | | | | | <u> </u> | | > |

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|---------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | FOOD, CLOTHING, TOILETRIES, |
| OOD AND PERSONAL NEEDS ASSISTANCE | 6818 | 50,345. | 200,024. | FMV | AND HOUSEHOLD ITEMS |
| | | | | | |
| | | | | | |
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| Part IV Supplemental Information. Provide the informat | ion required in Part I, lin | e 2; Part III, column | ı (b); and any other a | dditional information. | |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization THE JONNYCAKE CENTER INC. Employer identification number 05-0374356

| Par | t I Types of Property | | | | | | | |
|----------|--|-------------------------------|---|---|--|-----|------|-----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of det noncash contribut | | _ | s |
| 1 | Art - Works of art | | | , , | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | X | | 55,146. | FAIR MARKET | VA. | LUE | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | X | 3,332 | 266,599. | DOLLAR VALU | E P | ER : | POU |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other \blacktriangleright (GIFT CARDS, H) | X | 123 | | FAIR MARKET | | | |
| 26 | Other ► (OTHER) | Х | 2 | 23,700. | FAIR MARKET | VA: | LUE | |
| 27 | Other • () | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | ` | , | | | | | |
| | for which the organization completed Form 828 | 33, Part V, D | onee Acknowledg | jement 29 | | — | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | | | | | | | |
| | must hold for at least three years from the date | | al contribution, and | d which isn't required to be u | sed for | | | v |
| | exempt purposes for the entire holding period? | | | | | 30a | | X |
| | If "Yes," describe the arrangement in Part II. | -8 | | -f | ti0 | | | X |
| 31 | Does the organization have a gift acceptance p | | | | | 31 | | |
| 32a | Does the organization hire or use third parties of | | _ | • • | | 20- | | Х |
| L | contributions? If "Yes," describe in Part II. | | | | | 32a | | 77 |
| | • | olumn (a) fa | r a typo of propert | v for which column (a) is she | ckod | | | |
| 33 | If the organization didn't report an amount in co | Jiulilii (C) 10 | i a type oi propert | y for writeri columni (a) is che | uneu, | | | |
| | describe in Part II. | | | | | | | |

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

Schedule M (Form 990) 2020

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

THE JONNYCAKE CENTER INC.

Employer identification number 05-0374356

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OUR VISION IS A COMMUNITY WITHOUT HUNGER AND COMMUNITY MEMBERS. POVERTY WHERE EVERYONE CAN REACH THEIR FULL POTENTIAL AND IMPROVE THEIR QUALITY OF LIFE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: CENTER IS PLAYING AN INCREASING ROLE PROVIDING HOTEL STAYS FOR OUR HOMELESS NEIGHBORS.

- COMMUNITY HEALTH: THE CENTER EMPLOYS A COMMUNITY HEALTH WORKER WHO IS RESPONSIBLE FOR HELPING LOCAL HOUSEHOLDS MEET BASIC NEEDS; ADDRESS HEALTH DISPARITIES AND WORK TO IMPROVE THE SOCIAL DETERMINANTS OF HEALTH; AND EMPOWER LOCAL RESIDENTS TO BECOME LEADERS AND DECISION-MAKERS.
- CHILDREN'S ENRICHMENT: WE COLLABORATE WITH THE BOYS AND GIRLS CLUB OF NEWPORT COUNTY, THE YMCA OF SOUTH COUNTY, THE UNIVERSITY OF RHODE ISLAND AND OTHER PARTNERS TO OFFER AFTER SCHOOL ACTIVITIES AND SUMMER CAMP TO LOCAL YOUTH WHOSE FAMILIES WOULD OTHERWISE NOT HAVE THE RESOURCES TO ENROLL THEIR CHILDREN IN THESE OPPORTUNITIES.
- ADVOCACY AND ORGANIZING: HAVING A SEAT AT THE TABLE WHERE DECISIONS ARE BEING MADE THAT IMPACT THE LIVES OF OUR MEMBERS IS A PRIORITY. WE ORGANIZE THE PEACE DALE LEADERSHIP COUNCIL WHICH WORKS TO ENGAGE LOCAL RESIDENTS IN ADVOCACY AND EMPOWER THEM TO BECOME LEADERS IN LOCAL INSTITUTIONS AND DECISION-MAKING BODIES.

FORM 990, PART VI, SECTION B, LINE 11B:

DRAFT COPY OF THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

| Name of the organization THE JONNYCAKE CENTER INC. | Employer identification number 05-0374356 |
|---|---|
| FILING. | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| BOARD MEMBERS ARE REMINDED ABOUT THE CONFLICT OF INTEREST | POLICY EACH |
| NOVEMBER WHEN BOARD ELECTIONS ARE HELD. CONFLICT OF INTE | REST DISCLOSURE IS |
| ALSO ON EACH BOARD MEETING AGENDA FOR DISCUSSION. | |
| FORM 990, PART VI, SECTION B, LINE 15A: | |
| SALARY OF THE EXECUTIVE DIRECTOR WAS BASED ON A REVIEW OF | THE SALARIES OF |
| OTHER LOCAL NON-PROFIT EXECUTIVE DIRECTORS AND APPROVED B | Y THE BOARD OF |
| DIRECTORS. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT | OF INTEREST |
| POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC | UPON REQUEST |
| PART XII, LINE 2C | |
| THE PROCESS OF SELECTION AND OVERSIGHT OF AN INDEPENDENT | ACCOUNTANT HAS |
| NOT CHANGED FROM THE PRIOR YEAR. | |
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