			CHANGE OF ACCOUNTING PERI	IOD			
	0	00	Return of Organization Exempt From	m In	come Tax	OMB No. 1545-0	047
Forr	пy	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			s) <b>202</b>	Π
_		<i></i> <b>-</b>	Do not enter social security numbers on this form as it	may be	made public.	Open to Put	blic
		of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the			Inspection	
AF	or th	e 2020 calend	ar year, or tax year beginning ${ m JAN}1$ , $2021$ and endir	ing SI	<u>EP 30, 2021</u>		
B C a	heck if oplicab	le: C Name of	organization		D Employer identific	cation number	
	Addre	CFSA	PROPERTIES IV, INC.				
	Name chang		usiness as		84-42482	70	
	Initial return			m/suite	E Telephone number		
		12 g	AINT JOSEPH ST		251-438-		
	termir ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	93,9	13.
	Amen return	ded MODT	LE, AL 36602	-	H(a) Is this a group re	turn	
	Applic dition		nd address of principal officer: MARY KATHLEEN MILLER		for subordinates		No
	pendi	<sup>ng</sup> PO BO	X 990, MOBILE, AL 36601		H(b) Are all subordinates in	cluded? Yes	No
ΙT	ax-ex	empt status:	X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or	527		list. See instructions	S
		te:►N/A			H(c) Group exemption	n number 🕨	
			X Corporation Trust Association Other ▶ I	L Year o	f formation: 2019 N	State of legal domici	ile: AL
Pa	rt I	Summary					
~	1		e the organization's mission or most significant activities: CFSA PR				
nce n		BE OPER	ATED FOR THE BENEFIT OF THE COMMUNITY	Y FO	UNDATION OF	SOUTH	
rna	2	Check this bo	$x \mathrel{\blacktriangleright}$ if the organization discontinued its operations or disposed of	of more t	han 25% of its net ass	ets.	
ove	3		ing members of the governing body (Part VI, line 1a)				5
5 X	4		ependent voting members of the governing body (Part VI, line 1b)				0
es {	5		of individuals employed in calendar year 2020 (Part V, line 2a)				0
Activities & Governance	6		of volunteers (estimate if necessary)				0
Act			d business revenue from Part VIII, column (C), line 12				0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>			0.
	_				Prior Year	Current Year	
e	8		and grants (Part VIII, line 1h)		0.	10,5	
Revenue	9	•	ce revenue (Part VIII, line 2g)		0.	83,3	0.
Re			come (Part VIII, column (A), lines 3, 4, and 7d)		0.		0.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	93,9	-
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	49,7	
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	49,7	0.
			to or for members (Part IX, column (A), line 4)		0.		0.
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)		0.		0.
Expenses			ng expenses (Part IX, column (D), line 25)  0.		0.		••
ĔĂ				_	0.	92,8	70.
		-	es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	142,5	
	10		expenses. Subtract line 18 from line 12		0.	-48,6	
Net Assets or Fund Balances	10				inning of Current Year	End of Year	
ets ( anc	20	Total assets (F	Part X, line 16)		3,730,459.	3,681,7	
Ass Ba	21		(Part X, line 26)		3,500,000.	3,500,0	
Net -unc	22		fund balances. Subtract line 21 from line 20		230,459.	181,7	
Pa	rt II	Signature			·	<i>.</i>	
Unde	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and s	statemer	its, and to the best of my	knowledge and belief,	, it is
	-		Declaration of preparer (other than officer) is based on all information of which pr				
Sigr	ı	Signature	e of officer		Date		
Her		MARY	KATHLEEN MILLER, PRESIDENT				

	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date Check PTIN									
Paid	CAROLYN F MCKEAN	CAROLYN F MCKEAN	08/15/22 self-employed P00621079									
Preparer Firm's name CARR, RIGGS & INGRAM, LLC Firm's EIN 72-139												
Use Only	ly Firm's address PO BOX 70106											
	MOBILE, AL 36670	Phone no. 251. 473. 5550										
May the IF	May the IRS discuss this return with the preparer shown above? See instructions											
000001 10 0	Earm 990 (2020)											

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2020)

Form		ROPERTIES IV, INC.	84-42	248270 Page <b>2</b>
Pa	rt III Statement of Program Se	•		
				<u></u>
1	Briefly describe the organization's missi SEE SCHEUDLE O	on:		
2	Did the organization undertake any sign	nificant program services during the year	which were not listed on the	
				Yes X No
~	If "Yes," describe these new services or			Yes X No
3	If "Yes," describe these changes on Sch		nducts, any program services?	
4			ee largest program services, as measured l	oy expenses.
			of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program servic	e reported.	<b>49,719.</b> ) (Revenue \$	02 012
4a	(Code:) (Expenses \$ SEE SCHEDULE O	including grants of \$	<b>49,719.</b> ) (Revenue \$	93,913.
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	
			, , , ,	
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	
4d	Other program services (Describe on So			)
4e	(Expenses \$ Total program service expenses	including grants of \$ 142,589.	) (Revenue \$	)
				Form <b>990</b> (2020
03200	2 12-23-20			
		2		

16200815 794202 58-06321.000 2020.06000 CFSA PROPERTIES IV, INC. 58-06322

			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<b> </b>
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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
~	Schedule D, Part III	8		
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?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
IU		10		x
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X	10		
	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		<u> </u>
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? 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	Х	
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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
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			1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
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
	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		37	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	000
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Form	990	(2020)
1 01111	000	

			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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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			
	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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
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 X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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			v
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of eaction 512(b)(12)2. (Filler, Figure 1), and (Figure 1), and (	OF		1
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	x	1
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	1 00		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		Ĺ
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	990 (2020) CFSA PROPERTIES IV, INC. 84-4248	270	Р	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		. <u> </u>	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders <b>11a</b>			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
10	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
Ь	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
u	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
~				
с 14а		14a		X
		14a 14b		
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
15		15		x
	excess parachute payment(s) during the year?	10		
16	le the exercited on advectional institution subject to the section 1068 evolution for an act investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		

Form **990** (2020)

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Form 990	(2020)
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### CFSA PROPERTIES IV, INC.

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 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

	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	<b>1</b> a		5				
	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 0.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b		2				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other					
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X		
6	Did the organization have members or stockholders?			6		X		
7a								
	more members of the governing body?			7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or					
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:					
а	The governing body?			<u>8a</u>	X			
b	Each committee with authority to act on behalf of the governing body?			8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
					Yes	No		
	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,					
				10b				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ betoi	re filing the form?	11a		X		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					v		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		10.				
40	in Schedule O how this was done			12c		x		
13	Did the organization have a written whistleblower policy?			13		X		
14 15	Did the organization have a written document retention and destruction policy?			14				
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		dependent					
а	The organization's CEO, Executive Director, or top management official			15a		x		
				15a		X		
U	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			130				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a					
104				16a		x		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			100				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ							
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure			1.00				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright AL$							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (Section 501(c)(3	s) only)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.			. ,,				
	X Own website Another's website Upon request Other (explain	on So	chedule (O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd finan	cial			
	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 boo	ks and	d records 🕨					
	COMMUNITY FOUNDATION OF SOUTH ALABAMA - 251-438-559							
	PO BOX 990, MOBILE, AL 36601							
032006	12-23-20			Forn	990	(2020)		
	6							

Form 990 (2020)
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Part VII	Со	mpensation	of Officers,	Directors,	, Trustees,	Key Employees,	Highest	Compensate	эd
	Em	nployees, and	d Independ	ent Contra	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	box	not cl	Pos heck ss per	C) ition more rson is lirecto	than o s both	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	itee or director	In stitutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARY KATHLEEN MILLER	1.00									_
PRESIDENT		х		X				0.	0.	0.
(2) REBECCA BYRNE	2.00									0
SECRETARY	1 0 0	Х		X				0.	0.	0.
(3) SAM COVERT TREASURER	1.00	v		v					0	0
(4) CHRIS FOGARTY	0.00	Х		X	$\vdash$	-		0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(5) ASHLEY BONNER	0.00									
DIRECTOR		х						0.	0.	0.
					$\vdash$					
		1								
032007 12-23-20	1	1		1				I		Form <b>990</b> (2020)

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	990 (2020) CFSA PROF									84-42	2482	270	P	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C		, ,				
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle:	Posi heck i ss per id a di	ition more rson i:	than o s both	ı an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	n	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	ƙey em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		com fr org and	pensa om th anizat d relat anizati	e ion ed
1b	Subtotal								0.		0.			0.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	-		-	•	-		Ŭ				3	103	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from t	ne organization		4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> , tion <b>B. Independent Contractors</b>											5		Х
1	Complete this table for your five highest cor the organization. Report compensation for t	-									ensat	ion fro	om	
	(A) (B) Name and business address NONE Description of services								<b>(C)</b> Compensation		n			
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to t	thos C		ted	above) who received mo	ore than			000 /	2020)

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Pa		/111				or note to see "	a in this David Mill			
			Check if Schedule O co	ontains a res	oonse	or note to any lin	<u>e in this Part VIII</u> (A)	(B)	(C)	[D]
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns	1a						
ran		b	• • • • •	1b						
S,G Ang G		с	Fundraising events	1c						
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations	1d		10,580.				
			Government grants (contrib							
er S		f	All other contributions, gifts, g							
l B B B B B B B B B B B B B B B B B B B			similar amounts not included a							
ont		g	Noncash contributions included in lin				10,580.			
n C		n	Total. Add lines 1a-1f			Business Code	10,500.			
	2	2	FACILITY RENT			531120	83,333.	83,333.		
vice	2	a b				551120	05,555.	05,555.		
Ser		c								
m Ver		d								
Program Service Revenue		e								
Pro		f	All other program service re	evenue						
			Total. Add lines 2a-2f				83,333.			
	3		Investment income (includi	ing dividends	, intere	est, and				
			other similar amounts)			►				
	4		Income from investment of			-				
	5		Royalties							
				(i) Re	eal	(ii) Personal				
	6	а		<u>6a</u>						
		b		6b						
			, , <b>,</b>	6c						
	7		Net rental income or (loss) Gross amount from sales of	(i) Secu	rities	(ii) Other				
	'	а		7a	nuc3					
		b	Less: cost or other basis	10						
Ð		~		7b						
Revenue		с		7c						
Sev			Net gain or (loss)	•						
P	8		Gross income from fundraising							
Oth				of						
			contributions reported on li							
			Part IV, line 18		. 8a					
		b	Less: direct expenses		. 8b					
			Net income or (loss) from fu	•		<b>&gt;</b>				
	9	а	Gross income from gaming	-						
		_	Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from g		les	▶				
	10	d	Gross sales of inventory, le		10a					
		h	and allowances Less: cost of goods sold							
			Net income or (loss) from s							
		<u> </u>			.ory	Business Code				
sno	11	а								
nue		b								
scellaneo <u>Revenue</u>		с								
Miscellaneous Revenue		d	All other revenue							
2			Total. Add lines 11a-11d							
	12		Total revenue. See instruction	ns		►	93,913.	83,333.	0.	0 • Form <b>990</b> (2020)

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CFSA PROPERTIES IV, INC.

Form 990 (2020)

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CFSA PROPERTIES IV, INC. Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	49,719.	49,719.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7					
7 0	Other salaries and wages				
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	220.	220.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	40,761.	40,761.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	51,889.	51,889.		
23	Insurance		,,		
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.)				
a h					
b					
c					
d	All all and an and a second				
e	All other expenses	1/2 500	110 500		^
	Total functional expenses. Add lines 1 through 24e	142,589.	142,589.	0.	0.
25					
	Joint costs. Complete this line only if the organization				
25	reported in column (B) joint costs from a combined				
25					

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		Check if Schedule O contains a response or note to	o any lin	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,029,705.	1	126,168.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or for	mer offi	cer, director,			
		trustee, key employee, creator or founder, substant					
		controlled entity or family member of any of these p	ersons			5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Duran side some som som at staffer med staffer som som				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D 1 Less: accumulated depreciation 1	0a	3,469,163.			
	b	Less: accumulated depreciation	0b	51,889.	0.	10c	3,417,274
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13					13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		2,700,754.	15	138,341	
	16	Total assets. Add lines 1 through 15 (must equal lin			3,730,459.	16	3,681,783
	17	Accounts payable and accrued expenses				17	•,••=,•••
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part			21		
	22	Loans and other payables to any current or former of					
Liabilities		trustee, key employee, creator or founder, substant					
bili		controlled entity or family member of any of these p		22			
Lia	23	Secured mortgages and notes payable to unrelated		arties		23	
	24	Unsecured notes and loans payable to unrelated thi				24	
	25	Other liabilities (including federal income tax, payab					
	20	parties, and other liabilities not included on lines 17					
		i Alberta D	,		3,500,000.	25	3,500,000
	26	Total liabilities. Add lines 17 through 25			3,500,000.	26	3,500,000
	20	Organizations that follow FASB ASC 958, check	here	X	5750070000	20	0,000,000
ŝ		and complete lines 27, 28, 32, and 33.					
ŭ	27				230,459.	27	181,783
ala	28	Net assets with donor restrictions		F	230,1390	28	101//00
ы Б	20	Organizations that do not follow FASB ASC 958,				20	
л Б		and complete lines 29 through 33.	CHECK				
p	29	Capital stock or trust principal, or current funds				29	
ets		Paid-in or capital surplus, or land, building, or equip				29 30	
SS	30					30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incom		····· F	230,459.	31	181,783.
ž	32	Total net assets or fund balances			3,730,459.	32 33	3,681,783
	33	Total liabilities and net assets/fund balances			5,150,759.	<b>J</b> J	Form <b>990</b> (2020

Form 990 (2020)

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CFSA PROPERTIES IV, INC. Part X Balance Sheet

Form 990 (2020)

Form	1990 (2020) CFSA PROPERTIES IV, INC.	84-4248	270	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>13.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			89.
3	Revenue less expenses. Subtract line 2 from line 1	3			76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	230	),4	<u>59.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	181	.,78	83.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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 reviewed	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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle 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 requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	200	<u> </u>

Form **990** (2020)

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SCHEDUL	E A.
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Department of the Treasury Internal Revenue Service

(	Form	990	or	990-EZ)

# **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
2020
Open to Public Inspection

oloyer	ider	ntifio	cati	on	num	be
~				~ -		

Nam	Aame of the organization Employer identification number								
		CFSA	PROPERTIES	S IV, INC.				8	4-4248270
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n <b>170(b)</b> (1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Ily receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	. ,						
11		An organization organized a	•		•				
12	X	An organization organized a	-	-	-			•	
		more publicly supported or	-						Check the box in
		lines 12a through 12d that						-	
а	X			-	• • • •	-			
		the supported organization			majority c	of the direc	tors or truste	es of the su	upporting
		organization. You must o	-						
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntrol or mana	ge the sup	ported
		organization(s). You mus	-						
с		<b>Type III functionally inte</b>	• • • •					ly integrate	ed with,
		its supported organization		-					
d		Type III non-functionally						-	
		that is not functionally int			-		-	an attentiv	veness
	37	requirement (see instructi	-	-					
е	X	Check this box if the orga					Туре I, Туре	II, Type III	
-		functionally integrated, or		hally integrated supportion	ng organiz	ation.			1
		er the number of supported o	•						L
<u> </u>		vide the following information i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetary	(vi) Amount of other
	``	organization	() =	(described on lines 1-10		ng document? No	support (see ir		support (see instructions)
mu		OMMUNITY		above (see instructions))	Yes				
		ATION OF SOUTH	63-1269293	7	x			0.	
1.00		ATTOM OF SOUTH	03-1200203	1				0.	
Tota	l							0.	0.

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 13

### Schedule A (Form 990 or 990-EZ) 2020 CFSA PROPERTIES IV, INC. Part II Support Schedule for Organizations Described in Section

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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.)

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	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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6							
	Public support. Subtract line 5 from line 4. ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
Ũ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2020 (I		•			14	%
	Public support percentage from 2019					15	%
<b>16</b> a	33 1/3% support test - 2020. If the o				14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies		-				
k	<b>33 1/3% support test - 2019.</b> If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	t VI how the organi	zation
	meets the facts-and-circumstances te	6	•		•		
k	10% -facts-and-circumstances test	-	-				10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circu		•	-			
IŎ	Private foundation. If the organization	n dia not check a		oa, 100, 17a, 0r 17			s <b>P</b> 0 or 990-EZ) 2020
					301	GUUIC A (FUIII 33	

032022 01-25-21

### Schedule A (Form 990 or 990-EZ) 2020 CFSA PROPERTIES IV, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support			-			
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 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						
<b>3</b> 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						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disgualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
check this box and <b>stop here</b>	-	<u></u>	<u></u>	·	- 	<b>)</b>
Section C. Computation of Publi						
15 Public support percentage for 2020 (I	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
<ul><li>17 Investment income percentage for 20</li><li>18 Investment income percentage from 2</li></ul>					17 18	%
<b>19a 33 1/3% support tests - 2020.</b> If the						
more than 33 1/3%, check this box ar						
<b>b 33 1/3% support tests - 2019.</b> If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
032023 01-25-21			, , ,			0 or 990-EZ) 2020
		15	5	2011		,

<sup>2020.06000</sup> CFSA PROPERTIES IV, INC. 58-06322

Yes

Х

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

No

Х

х

Х

Х

х

Х

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х

Х

Х

Х

### 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.)

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Schedule A (Form 990 or 990-EZ) 2020

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in line 11a above?	11b		Х
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i>			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

#### supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	od that the organization use	ed to satisfy the Integ	gral Part Test during the	vear (see instructions).
---	----------------------------------	------------------------------	-------------------------	---------------------------	--------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2020

Yes No

2a

2b

3a

3b

Schedule A	(Form 990 or 990-EZ) 2020	CFSA F	ROPERTIES	S IV,	INC.	
Part V	Type III Non-Functio	nally Inte	grated 509(a)	(3) Sup	porting O	rganizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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-functiona	lly intogrator		nization (soo

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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# Schedule A (Form 990 or 990 EZ) 2020 CFSA PROPERTIES IV, INC.

Par	t V   Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	nizations (continued	d)	
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	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	ne organization is responsive			
	(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	1	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020	0
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				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	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, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018 Excess from 2019				
	Excess from 2019 Excess from 2020				
e					

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

	THOT BRITED	IV, INC.	84-4248270 Page
line 1; Part IV, Section A, lines 1, 2, 30, 3c, line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Par	46, 46, 5a, 6, 9a, 9b, 9 13; Part IV, Section E, 1	ines 1c, 2a, 2b, 3a, and	he 10; Part II, line 17a or 17b; Part III, line 12; lart IV, Section B, lines 1 and 2; Part IV, Section C, 3b; Part V, line 1; Part V, Section B, line 1e; Part V, this part for any additional information.
(See instructions.)			
l l			Schedule A (Form 990 or 990-EZ) 20

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

Name of the	organization
-------------	--------------

	CFSA	PROPERTIES IV, INC.	84-4248270					
Drganization type (check one):								
Filers of:	Sec	ction:						
Form 990 or 990-EZ	X	] 501(c)( $3$ ) (enter number) organization						
		94947(a)(1) nonexempt charitable trust <b>not</b> 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**

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

### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**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).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Name of organization

Employer identification number

84-4248270

CFSA PROPERTIES IV, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE COMMUNITY FOUNDATION OF SOUTH ALABAMA PO BOX 990 MOBILE, AL 36601	\$10,580.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll ON Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Page **2** 

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2020.06000 CFSA PROPERTIES IV, INC. 58-06322

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Name of organization

Page 3 Employer identification number

84-4248270

### CFSA PROPERTIES IV, INC.

Part II Noncash Property (see instructions). Use duplicate copies of 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

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Name of organ	nization			Employer identification number
CFSA PR	OPERTIES IV, INC.			84-4248270
f	rom any one contributor. Complete columns (a)	) through (e) and the following line e charitable, etc., contributions of <b>\$1,000</b> (	ntry For organiz	'), (8), or (10) that total more than \$1,000 for the year ations . (Enter this info. once.) ► \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	  ift	
-	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of g		onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of g		onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of g		onship of transferor to transferee
23454 11-25-20				Schedule B (Form 990, 990-EZ, or 990-PF) (2020

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SC	CHEDULE D Supplemental Financial Statements							
	Form 990) ► 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.				2020			
Depart	ment of the Treasury		Open to Public Inspection					
	► Attach to Form 990. Prnal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.							
Nam	e of the organization	on CFSA PROPERTIES IV	. INC.	Emp	bloyer identification number 84-4248270			
Pa	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccour				
		n answered "Yes" on Form 990, Part IV, lin						
(a) Donor advised funds (b) Funds and								
1	Total number at er							
2		f contributions to (during year)						
3	Aggregate value o	f grants from (during year)						
4	Aggregate value at	t end of year						
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advised fur	ds				
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes No			
6	•		dvisors in writing that grant funds can be used					
			r donor advisor, or for any other purpose confer	U U				
De	impermissible priva	ate benefit?			Yes No			
Pa			ganization answered "Yes" on Form 990, Part IV	, line 7.				
1		servation easements held by the organization	· · · · · · · · · · · · · · · · · · ·					
		of land for public use (for example, recrea	, <u> </u>		•			
	—	f natural habitat	Preservation of a cer	tified his	storic structure			
•		of open space			the second sector the last			
2	•	• • •	ied conservation contribution in the form of a co	onserva				
	day of the tax year				Held at the End of the Tax Year			
a				2a				
b	•			2b				
C			ucture included in (a)	2c				
a			after 7/25/06, and not on a historic structure	0.1				
2			eased, extinguished, or terminated by the orgar	2d	during the tax			
3	year ►	valion easements modified, transferred, rei	eased, extinguished, or terminated by the organ	IIZALION	during the tax			
4	-	 where property subject to conservation eas	sement is located					
5		tion have a written policy regarding the per						
Ū		orcement of the conservation easements it			Yes No			
6	•		handling of violations, and enforcing conservati					
	•	5, T 5,	5		5			
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	asement	ts during the year			
	▶\$				<b>C</b>			
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(E	5)(i)				
	and section 170(h)	(4)(B)(ii)?			Yes 📃 No			
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense stater	nent an	d			
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the							
	organization's accounting for conservation easements.							
Pa		-	Art, Historical Treasures, or Other	Simila	r Assets.			
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	lance sł	neet works			
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public							
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
b	<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of							
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,							
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1							
_	.,							
2			asures, or other similar assets for financial gain,	provide	9			
	-	unts required to be reported under FASB A	-		٨			
					\$			
			·		\$ 0 + + + = (=			
LHA	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Sci				Schedule D (Form 990) 2020			

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Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1c       1d         c       Beginning balance       1d       1d       1d       1d         a       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       1e       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       1         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       10         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a Contributions       Grants or scholarships </th <th>Sche</th> <th></th> <th>OPERTIES I</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>84-42</th> <th></th> <th></th> <th>age <b>2</b></th>	Sche		OPERTIES I						84-42			age <b>2</b>
collection items (levek all that apply):       d       Loan or exchange program         b       Scholarly research       e       Other         c       Preservation for future generations       e       Other         c       Preservation for future generations       e       Other         c       Previde a description of the organization scollections and explain how they further the organization's event purpose in Part XIII.         5       During the year, did the organization scollections of art, historical treasures, or other similar assets       to b sold to raise funds rather than to be maintained as part of the organization is collection?       Yes       Not         Part IV       Escrow and CustoOial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21.       Te is the organization an agent, trustee, custodian or other intermediary for contributions or the assets not included on Form 990, Part X, line 21.       Te is the organization include an amount on Form 990, Part X, line 21.       Amount       Te is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       If       If         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       If       If       If <t< th=""><th>Pa</th><th>t III Organizations Maintaining C</th><th>ollections of Ar</th><th>t, Historic</th><th>al Trea</th><th>asures, or</th><th>Other</th><th>Simila</th><th>r Assets</th><th>contin</th><th>ued)</th><th></th></t<>	Pa	t III Organizations Maintaining C	ollections of Ar	t, Historic	al Trea	asures, or	Other	Simila	r Assets	contin	ued)	
a       □ Public exhibition       d       □ Can or exchange program         b       □ Scholarly research       e       □ Other       □         c       □ Preservation for turure generations       e       □ Other       □         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.       5         5       During the year, dith e organization solicit or receive donatical treasures, or other similar assets       to resolution's exempt Purpose in Part XIII.         Part IV       Escrow and Custodial Arrangements. Complete if the organization is collection?       Yes       No         a Is the organization agent, furstee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21.       Ta Is the organization solicit on the explanation has been provided an amount on Form 900, Part X, line 21.       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       The explaint the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Pert V       Endowment Funds.         2a Did the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account tability?       Im       Im         2a Did the organization include an amount on Form 900, Part X, line 20, for escrew or custodial account tability?       Im       Im	3	Using the organization's acquisition, accession	on, and other record	s, check any	of the fo	llowing that	make się	gnificant u	use of its		,	
b       Scholarly research       e       Other         c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solid to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part X, Ine 21.       Is the organization anagement in Part XIII and complete the following table:       Image: Complete if the organization anagement in Part XIII and complete the following table:       Image: Complete if the organization anagement in Part XIII and complete the following table:       Image: Complete if the organization anagement in Part XIII.       Image: Complete if the organization anagement in Part XIII.       Image: Complete if the organization anagement in Part XIII.       Image: Complete if the organization anagement in Part XIII.       Image: Complete if the organization anagement in Part XIII.       Image: Complete if the organization anagement in Part XIII.       Image: Complete if the organization anagement in Part XIII.       Image: Complete if the organization anagement in Part XIII.       Image: Complete if the organization anagement in Part XIII.       Image: Complete if the organization anagement in Part XIII.       Image: Complete if the organization anawered "Yes" on Form		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dit the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization scollection? Fart IV Escrow and Custodial Arrangements. Complete if the organization solence "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1 d did did did did did did did did did	а	Public exhibition	c	I 🗌 Loar	n or exch	ange prograi	m					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of at, historical treasures, or other similar assets     to be solid to raise funds rather than to be maintained as part of the organization's collection?     Part IV     Escrow and Custodial Arrangements. Complete If the organization answered "Yes" on Form 990, Part IV, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X?     If 'Yes,' explain the arrangement in Part XIII and complete the following table:         Le         d. Additions during the year         to         d.         d. Additions during the year         to         d.         d. Additions during the year         d.         d. Additions during the year         d.         d.         d. Editions during the year         d.         d.         d. Editions during the year         d.         d.         d.	b	Scholarly research	e	e 🗌 Othe	er							
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?      Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21.      Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.      Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.      If "Yes," explain the arrangement in Part XIII and complete the following table:          C Beginning balance          C Beginning balance          C Horize and amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No         Di f"Yoe;" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII         Distributions during the year         If the explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII         Distributions         funds         Di f"Yoe;" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII         Part V Endowment FundS. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Section that the estimated percentage of the current year         (b) Current year         (b) Current year         (c) Two years back         (d) Three years back         (e) Four years back         (f) Current year and balance         (l) Current year and balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment	с	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escribe an amount on Form 990, Part X, line 21.       1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       1c       1d	4	Provide a description of the organization's co	ollections and explair	n how they fu	urther the	e organizatior	n's exem	npt purpo	se in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:	5	During the year, did the organization solicit o	r receive donations of	of art, historie	cal treasu	ures, or other	similar	assets				
reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Ic       Amount         c Beginning balance       Id       Id       Id       Id       Id         c Distributions during the year       Ie       Id       Id <t< th=""><th></th><th>to be sold to raise funds rather than to be ma</th><th>aintained as part of t</th><th>he organizati</th><th>on's colle</th><th>ection?</th><th></th><th></th><th></th><th>Yes</th><th></th><th>No</th></t<>		to be sold to raise funds rather than to be ma	aintained as part of t	he organizati	on's colle	ection?				Yes		No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Co	Pa	t IV Escrow and Custodial Arrang	gements. Comple	ete if the org	anization	answered "	Yes" on	Form 990	, Part IV,	ine 9, or		
on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         f Ending balance       1d         d Bit Types       No         b If "Yes," explain the arrangement in Part XIII, check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.         la Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         la Contributions       Carsts or scholarships       (b) Prior year       (c) Two years back       (e) Four years back         c Net investment earnings, gains, and losses       (a) Current year end balance (line 1g, column (a)) held as:       (b) Prior year clark or year balance         g End of year balance       %       %       %         b Permanent endowment		reported an amount on Form 990, Par	rt X, line 21.									
b       If *Yes,* explain the arrangement in Part XIII and complete the following table:          Amount          c       Beginning balance          1d          d       Additions during the year          1d          e       Distributions during the year          1f          2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?          Yes          2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?          Yes          Part V       Endowment Funds. Complete if the organization answered *Yes* on Form 990, Part IV, line 10.            1a       Beginning of year balance          (a) Current year           (b) Prior year           (c) Two years back           (d) Three years back           (e) Four years back          1a       Beginning of year balance          (a) Current year           (b) Prior year           (c) Two years back           (e) Three years back           (e) Four years back          1a       Beginning of year balance          (a) Current year           (b) Prior year           (c) Three years back           (e) Four years back          1a <th>1a</th> <th>Is the organization an agent, trustee, custodi</th> <th>an or other intermed</th> <th>iary for conti</th> <th>ributions</th> <th>or other asse</th> <th>ets not ir</th> <th>ncluded</th> <th></th> <th>_</th> <th></th> <th>_</th>	1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for conti	ributions	or other asse	ets not ir	ncluded		_		_
c       Beginning balance       Image: Control of the set of the set of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Control of the set of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Control of the set of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Control of the set of the organization answered "Yes" on Form 990, Part X line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Control of the set of the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       Image: Control of the set of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 20.         1b       Contributions       Image: Control of the organization answered "Yes" on Form 990, Part V, line 10.         1a       Beginning of year balance       Image: Control of the organization answered "Yes" on Form 990, Part V, line 10.         1a       Beginning of year balance       Image: Control of the organization answered "Yes" on Form 990, Part V, line 10.         1a       Beginning of year balance       Image: Control of the organization answered "Yes" on Form 990, Part V, line 10.         1a       Complete if the organization set of the organization sendowment thunds.         1									L	Yes		No
c       Beginning balance       Ic         d       Additions during the year       Id         e       Distributions during the year       Ie         f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Im       Im         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Image: State S	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table								
d Additions during the year       1d         e Distributions during the year       1f         f Ending balance       1f         2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1b       Grants or scholarships       (e) Two reductions in the possesion										Amount		
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         c       Not investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year end balance (line 1g, column (a)) held as:       (a) Complet for the organization       (b) Pormanent endowment (b) (c) (a) the pos												
f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the organization answered 'Yes' on Form 990, Part IV, line 10.       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Not investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         f <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c Other expenditures for facilities       (b) Prior year       (c) Two years back       (e) Four years back         c Other expenditures or facilities       (b) Prior year       (c) Two years back       (e) Four years back         c Other expenditures or facilities       (b) Prior year       (c) Two years back       (e) Four years back         c Other expenditures or facilities       (b) Prior year       (c) Two years back       (e) Four years         g End of year balance       (f) Administrat												
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         g End of year balance       (f) Administrative expenses       (f) Administrative expenses </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>7</th> <th></th> <th>1</th>										7		1
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (f) Administrative expenses       (f) Administrative expenses       (f) Administrative expenses         g       End of year balance       (f) Four year end		-						ty?	L	_ Yes		] <b>No</b> 1
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance	_								<u></u>	<u></u>		<u> </u>
1a       Beginning of year balance	I UI								vaara baak	(a) Four	vooro	haal
b       Contributions	4	Designing of year belongs	(a) Current year	(D) Prior	year	(C) TWO years	S DACK	( <b>a)</b> Three y	Pears Dack	(e) Four	years	DACK
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs												
d Grants or scholarships	a											
e       Other expenditures for facilities and programs	ט ה											
and programs												
f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶%   b Permanent endowment ▶%   c Term endowment ▶%   The percentages on lines 2a, 2b, and 2c should equal 100%.   3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:   (i) Unrelated organizations   (ii) Related organizations   3a(ii) 3a(ii)   3a(iii) 3b   4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	e	-										
g End of year balance	f											
<ul> <li>2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:</li> <li>a Board designated or quasi-endowment ▶%</li> <li>b Permanent endowment ▶%</li> <li>c Term endowment ▶%</li> <li>c Term endowment ▶%</li> <li>The percentages on lines 2a, 2b, and 2c should equal 100%.</li> <li>3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> </ul> </li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> <li>Part VI Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul>												
<ul> <li>a Board designated or quasi-endowment ▶%</li> <li>b Permanent endowment ▶%</li> <li>c Term endowment ▶%</li> <li>c Term endowment ▶%</li> <li>The percentages on lines 2a, 2b, and 2c should equal 100%.</li> <li>3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> </li> <li>Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul>			ent year and balance	l a (line 1 a co	lumn (a))	hold as:						
<ul> <li>b Permanent endowment ▶%</li> <li>c Term endowment ▶%</li> <li>The percentages on lines 2a, 2b, and 2c should equal 100%.</li> <li>3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> </li> <li>Part VI Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul>					iuiiii (a))	neiu as.						
c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:		<b>o</b>										
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.												
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	Ŭ	· · · · · · · · · · · · · · · · · · ·										
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	3a			ation that are	held and	d administere	ed for the	e organiza	ation			
(i)       Unrelated organizations       3a(i)         (ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								5		ſ	Yes	No
(ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.		-								3a(i)		
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Bescribe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.												
Describe in Part XIII the intended uses of the organization's endowment funds.     Part VI Land, Buildings, and Equipment.     Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	b											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	4											
	Pa	t VI Land, Buildings, and Equipm	ent.									
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value		Complete if the organization answered	d "Yes" on Form 990	), Part IV, line	e 11a. Se	e Form 990,	Part X, I	line 10.				
basis (investment) basis (other) depreciation		Description of property					• •		ed	(d) Bool	k value	•
1a Land	1a	Land										
b Buildings 3,469,163. 51,889. 3,417,274.	b	Buildings			3,469	9,163.		51,8	89.	3,41	7,27	74.
c Leasehold improvements	с	Leasehold improvements										
d Equipment	d	Equipment										
e Other												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (B	<u>), line 10</u>	c.)				3,41	/,27	/4.

Schedule D (Form 990) 2020

032052 12-01-20

### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

### Part VIII Investments - Program Related.

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

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

### Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Colymn (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 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Book value

(1) Federal income taxes	
(2) NOTE PAYABLE – NMTC	935,550. 2,564,450.
(3) NOTE PAYABLE – LEVERAGED LOAN	2,564,450.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,500,000.

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 ....

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 CFSA PROPERTIES IV, IN	C.	84-4248270 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial St	atements With Revenu	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	
Pa	t XII Reconciliation of Expenses per Audited Financial S		ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	
Pa	t XIII Supplemental Information.		

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

032054 12-01-20

SCHEDULE I (Form 990)												
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.												
Name of the organization	PROPERTIES IV		3.900/1011105010				Inspection Employer identification number 84-4248270					
	n Grants and Assistance											
<ol> <li>Does the organization maintain criteria used to award the gran</li> <li>Describe in Part IV the organiz</li> </ol>	nts or assistance?											
	stance to Domestic Organiz				anization answered "Y	es" on Form 990. Par	t IV. line 21. for any					
	nore than \$5,000. Part II can						,					
<b>1 (a)</b> Name and address of orga or government	nization (b) EIN	(c) IRC section (if applicable)	<b>(d)</b> Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other) (g) Descriptior noncash assista		(h) Purpose of grant or assistance					
THE COMMUNITY FOUNDATION OF ALABAMA	SOUTH 63-1268283		0.	49,719.			GENERAL SUPPORT					
<ul> <li>2 Enter total number of section 5</li> <li>3 Enter total number of other or</li> </ul>	ganizations listed in the line 1	table					▶					

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

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Schedule I (Form 990) 2020 CFSA PROPERTIES IV, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
Part IV Supplemental Information. Provide the information req	 uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.			

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



84-4248270

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CFSA PROPERTIES IV,

ALABAMA, AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION

501(C)(3) OF THE CODE AS A NON-PRIVATE FOUNDATION AS DESCRIBED IN

SECTION 509(A)(1) OF THE CODE.

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

THE 990 IS POSTED TO THE THE AUDIT COMMITTEE IS EMAILED A COPY FOR REVIEW.

ORGANIZATION'S WEBSITE. THE BOARD OF DIRECTORS ARE NOTIFIED WHEN THE 990 IS POSTED.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE

NOT AVAILABLE TO THE PUBLIC.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

### 2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990															
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone