Return of Organization Exempt From Income Tax

orm **990**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020
Open to Public Inspection

A F	or th	e 202	0 calendar year, or tax year beginning 07/01, 2020, and end	ding			/30 ,20 2			
R c	eck if ap	anlicable:	C Name of organization		D Employer ide	entifica	ation number			
	_		URBAN ARTS PARTNERSHIP							
	Addre		Doing Business As		13-3554	734				
	Name	change	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	•	Telephone number					
	Initial	return	39 WEST 19TH STREET		(212) 96	6 – 58	881			
	Term	inated	City or town, state or province, country, and ZIP or foreign postal code							
	Amer return		NEW YORK, NY 10011		G Gross receipt	s \$	7,61	L6,779.		
	Applie pendi	cation ing	F Name and address of principal officer: PHILIP COURTNEY		H(a) Is this a grou subordinates'		n for Ye	es X No		
			39 WEST 19TH STREET, NEW YORK, NY 10011		H(b) Are all subordi		cluded?	es No		
1	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or	527	If "No," attac	h a list.	(see instruction:	s)		
J	Websi	ite: 🕨	URBANARTS.ORG		H(c) Group exemp	otion nu	mber >			
K	Form	of organ	nization: X Corporation Trust Association Other ▶ L Yea	ar of formati	ion: 1989 M	State o	of legal domic	ile: NY		
Pa	ırt I	Su	mmary		•					
	1	Briefly	describe the organization's mission or most significant activities: SEE SCHEDULI	E O						
ø										
and										
eru	2	Check	this box if the organization discontinued its operations or disposed of more	than 25%	of its net assets	 S.				
Governance	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3		19.		
⋖ŏ	4		er of independent voting members of the governing body (Part VI, line 1b)			4		19.		
ies	5		number of individuals employed in calendar year 2020 (Part V, line 2a)			5		72.		
Activities	6		number of volunteers (estimate if necessary)			6		19.		
Act	7a		unrelated business revenue from Part VIII, column (C), line 12			7a		0		
			nrelated business taxable income from Form 990-T, line 34			7b				
		ivet ui	inelated business taxable income from Form 550-1, line 54		Prior Year	7.5	Curren			
	8	Contri	ibutions and grants (Part VIII, line 1h)	_ —	4,158,13	2		17,302		
ne	9	Drogr	ibutions and grants (Part VIII, line 1h) COPY FOR		303,78			96,854		
Revenue	-		am service revenue (Part VIII, line 2g) PUBLIC INSPECTIO	N	5,85			64,536		
Re	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)	┙ ├──	448,55			42,345		
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,916,32			21,037		
_	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		45,25			41,108		
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		45,25	0.		11,100		
	14		its paid to or for members (Part IX, column (A), line 4)		2 100 61		2 1	21 272		
ses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,100,61		3,1	$\frac{31,273}{2}$		
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e) fundraising expenses (Part IX, column (D), line 25) 531,215.			0.				
Ä					1 017 25	2	1 7	F1 C4C		
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,817,35			51,646		
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,963,23			24,027		
- "	19	Rever	nue less expenses. Subtract line 18 from line 12	-	-46,90			97,010		
Net Assets or Fund Balances				Begini	ning of Current Y		End of			
sset	20		assets (Part X, line 16)	-	3,940,30			90,105		
nd A	21		liabilities (Part X, line 26)	-	1,076,85	_		40,211		
	22		ssets or fund balances. Subtract line 21 from line 20		2,863,44	5.	3,9	49,894		
Pa	rt II	Si	gnature Block							
Und	ler pei	nalties o	of perjury, I declare that I have examined this return, including accompanying schedules and state complete. Declaration of preparer (other than officer) is based on all information of which preparer	atements, a r has anv kn	nd to the best of	my kı	nowledge and	belief, it is		
	,	T								
C:~	_									
Sig Her			Signature of officer		Date					
пеі	е		PHILIP COURTNEY CEO							
			Type or print name and title							
Date		Print/	Type preparer's name Preparer's signature Date		Check	if P	TIN			
Paid		MAR	Y JANE PIERONI many Jane Turan 05/1	L6/2022	2 self-employe	ed]	P005387	72		
-	arer Only	Firm's	sname BDO USA, LLP		Firm's EIN	13-5	381590			
	•		saddress ► 101 S HANLEY RD STE 800 ST LOUIS, MO 63105		Phone no.	314-	-889-110	00		
Мау	the I	RS dis	cuss this return with the preparer shown above? (see instructions)				X Yes	No		
For	Pape	rwork	Reduction Act Notice, see the separate instructions.				Form 9	90 (2020)		

Page 2 Form 990 (2020)

P	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly d	lescribe the organization's mission:	
		CHMENT 1	
_			
2		organization undertake any significant program services during the year which were not listed on the	es X No
	If "Voc "	rm 990 or 990-EZ?	es 🔼 No
3		organization cease conducting, or make significant changes in how it conducts, any program	
			'es X No
		describe these changes on Schedule O.	
4	expense	e the organization's program service accomplishments for each of its three largest program services, as es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation lexpenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 470,064. including grants of \$) (Revenue \$)
	ÈASE -	- THE EVERYDAY ARTS FOR SPECIAL EDUCATION PROGRAM DEVELOPS	
	SOCIAL	L-EMOTIONAL LEARNING AND COMMUNICATION SKILLS FOR STUDENTS	
	WITH S	SPECIAL NEEDS.	
	-		
4b	(Code:)
		ER SCHOOLS: WE SERVE THREE ANCHOR SCHOOLS WHERE UAP EMPLOYEES FATIONED FULL TIME AS COMMUNITY SCHOOL DIRECTORS. WE PROVIDE	
		SCHOOL SUPPORT AND OVERSEE THE IMPLEMENTATION OF CORE UAP	
		AMS DURING AND AFTER SCHOOL, AS WELL AS THROUGHOUT THE	
	SUMMER	R. ANCHOR SCHOOLS ARE A CRITICAL LAB SPACE FOR UAP TO WORK	
		SCHOOL LEADERS AND TEACHERS TO TEST INNOVATIVE APPROACHES TO	
	ENGAGI	ING STUDENTS THROUGH THE ARTS AND TECHNOLOGY.	
4c	(Code:) (Expenses \$ 1,375,051. including grants of \$) (Revenue \$ 196,8	54.)
	_	OF INTERACTIVE ARTS: THIS IS AN INTERACTIVE ARTS PROGRAM	
	THAT U	JSES VIDEO GAME DESIGN AND RELATED COMPONENT ART FORMS (I.E.	
		TELLING, MUSIC PRODUCTION, AND VISUAL ARTS) TO DEVELOP	
		NTS' CODING AND DIGITAL ARTS SKILLS, BOTH DURING AND AFTER	
		L HOURS. ALL STUDENTS GRADUATING OUT OF THE PROGRAM GO ON TO	
		L IN COLLEGE TO STUDY GAME DESIGN AND OTHER DIGITAL ARTS, FER SCIENCE, AND ENGINEERING.	
	COMPOI	TER SCIENCE, AND ENGINEERING.	
4d		rogram services (Describe on Schedule O.)	
_	(Expense	, ,	
4e JSA	rotal pro	ogram service expenses ► 3,702,055.	000 /
0E1	020 1.000 560	Fo 7QV 702V 5/16/2022 11:35:34 AM V 20-7.21 0412218	rm 990 (2020 PAGE
	200	·	111011

Form 990 (2020) Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7		6		- 21
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
•	complete 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			3.5
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			3.7
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		х	
	complete Schedule D, Part VI	11a	Λ	
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	446		Х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	44.		Х
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		
u		444		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	- 21
	•	116		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120		111	21	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	х	
L	Schedule D, Parts XI and XII.	12a	21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		Х
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 21
D	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	· ·		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,		
. •	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2020) Page 4

Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	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			v
L	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	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?			
	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		Х
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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Х
31	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
0_	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
0.7	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		- 21
30	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		00		
	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 <u>1a</u> 80			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	
0E1030		Form	990	(2020 AGE
	5607QV 702V 5/16/2022 11:35:34 AM V 20-7.21 0412218		PI	1GE

Form 990 (2020) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 72			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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 ▶			
	$See \ instructions \ for \ filing \ requirements \ for \ Fin CEN \ Form \ 114, \ Report \ of \ For eign \ Bank \ and \ Financial \ Accounts \ (FBAR).$			
5 a	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?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		37
	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		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		v	
_	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	- 21	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		Х
	required to file Form 8282?	7с		21
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 11		
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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year?	15		Λ
4.0	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		-22
	n 100, complete i din 7/20, concadio O.			

URBAN ARTS PARTNERSHIP 13-3554734 Page 6 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 19 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 19 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body?...... 8b Х Each committee with authority to act on behalf of the governing body?................ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a	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 chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	_	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ightharpoonup17

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records The Organization 39 WEST 19TH STREET NEW YORK, NY 10011 20

Form **990** (2020)

No Yes

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week	box,	not ch unles	s pe	ition more	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) PHILIP COURTNEY	40.00										
CHIEF EXECUTIVE OFFICER	0.			х				233,652.	0.	9,110.	
(2) JURA CHUNG	40.00							,		, , , , , , , , , , , , , , , , , , ,	
CHIEF OPERATING OFFICER	0.				Х			158,498.	0.	6,222.	
(3) KEVIN KIM WRIGHT	40.00										
CHIEF PROGRAM OFFICER	0.				Х			155,854.	0.	6,030	
(4)KATHLEEN ELIE	40.00										
CHIEF FINANCIAL OFFICER	0.					Х		120,400.	0.	0	
(5) GENEVIEVE KING	40.00										
DIRECTOR OF PHILANTHROPY	0.					Х		100,963.	0.	0	
(6) ELYSE DREYER	1.00										
CHAIR	0.	Х		Х				0.	0.	0	
(7) JUSTIN SUNSHINE	1.00										
TREASURER	0.	Х		Х				0.	0.	0	
(8) RACHEL ASCHALEW	1.00										
DIRECTOR	0.	Х						0.	0.	0	
(9) MARSHA ASKINS	1.00										
DIRECTOR	0.	Х						0.	0.	0	
(10) KAYA CHWALS	1.00										
DIRECTOR	0.	Х						0.	0.	0	
(11) JOSEPH DAWSON	1.00										
DIRECTOR	0.	Х						0.	0.	0	
(12)KATRINA DIBBINI	1.00										
DIRECTOR	0.	Х						0.	0.	0	
(13) GREG FREIBERG	1.00										
DIRECTOR	0.	Х						0.	0.	0	
(14) STEVE GEISMAR	1.00										
DIRECTOR	0.	Х						0.	0.	0	

Form **990** (2020)

Form 990 (2020)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plc	ye	es,	and F	ligl	hest Compensat	ed Employees (d	ontinu	ed)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than tor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	ar com fi org an	(F) stimated mount of other npensation rom the ganization d related anization	f on n d
15) STEPHEN KEYES	1.00											
DIRECTOR	0.	Х						0	0.			0
16) STAN LAI	1.00											
DIRECTOR	0.	Х						0	0.			0
17) NICLAS NAGLER	1.00											
DIRECTOR	0.	Х						0	0.			0
18) DAN PELSON	1.00											
DIRECTOR	0.	Х						0	0.			0
19) NATHAN SMITH	1.00											
DIRECTOR	0.	Х						0	. 0.			0
20) TANEKA STEVENSON	1.00											
DIRECTOR	t	Х						0] 0.			0
21) BEN STUART	1.00											
DIRECTOR	·	X						0] 0.			0
22) MARGARET WALLACE	1.00											
DIRECTOR	0.	Х						0	. 0.			0
23) RACHEL WEXLER	1.00											
DIRECTOR	0.	Х						0	. 0.			0
24) JAMES MCMILLAN	1.00											
DIRECTOR	t	Х						0] 0.			0
								769,367.	0.		21,3	262
1b Sub-total								709,307.	0.		Z1,3	
c Total from continuation sheets to Part VII, S	-								0.		01 1	0.
d Total (add lines 1b and 1c)							<u> </u>	769,367.			21,3	<u>50∠.</u>
2 Total number of individuals (including but not reportable compensation from the organization)			liste 5	ed a	bov	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		X
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of repeater than	ortab \$15	ole o	com	per	nsatior "Yes	n aı s,"	nd other compens	sation from the left of the le			
individual										4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		Х

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

EVALUATION	182,394.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

Form **990** (2020)

Part VIII Statement of Revenue

ı aı	C VIII	Check if Schedule O contains a respon	nse or note to an	v line in this Part V	'III		
		Check in Constant Constant a respec	100 01 11010 10 01	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
آ آ	С	Fundraising events 1c	164,433.				
ifts ar A	d	Related organizations 1d					
ق:ق	е	Government grants (contributions) 1e	3,450,584.				
Sin	f	All other contributions, gifts, grants,					
e ţi		and similar amounts not included above . 1f	2,002,285.				
들본	g	Noncash contributions included in					
g		lines 1a-1f 1g	\$				
g g	h	Total. Add lines 1a-1f		5,617,302.			
			Business Code				
9	2a	PROGRAM FEES	900099	196,854.	196,854.		
Program Service Revenue	b						
S Z	C						
eve	d						
99 R	e						
<u>. </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		196,854.			
	3	Investment income (including dividends,					
		other similar amounts)		41,656.			41,656.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 1,679,089.	680.				
ē	b	Less: cost or other basis					
evenue		and sales expenses 7b 1,656,333.	556.				
ě	С	Gain or (loss) 7c 22,756.	124.				
<u>.</u>	d	Net gain or (loss)	<u> ▶ </u>	22,880.			22,880.
Other	8a	Gross income from fundraising					
0		events (not including \$164,433.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	38,853.				
	b	Less: direct expenses 8b	38,853.				
	С	Net income or (loss) from fundraising events	<u> </u>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities.	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b	Less: cost of goods sold 10b	0.				
	С	Net income or (loss) from sales of inventory.	<u> </u>	0.			
S			Business Code				
Miscellaneous Revenue	11a	OTHER INCOME	900099	42,345.	42,345.		
lan	b						
e Se	С						
Alis	d	All other revenue					
_	е	Total. Add lines 11a-11d		42,345.			
	12	Total revenue. See instructions		5,921,037.	239,199.		64,536.

Form **990** (2020)

JSA
0E1051 1.000
5607QV 702V 5/16/2022 11:35:34 AM V 20-7.21

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).

000	Check if Schedule O contains a resp				
Do	not include amounts reported on lines 6b, 7b,				
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	41,108.	41,108.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,	579,187.	438,050.	67,819.	73,318.
	trustees, and key employees	3/9,10/.	430,030.	07,019.	/3,310.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	0.			
-	persons described in section 4958(c)(3)(B)	2,052,900.	1,561,896.	227,536.	263,468.
	Other salaries and wages	2,032,300.	1,301,090.	227,330.	203,400.
8	Pension plan accruals and contributions (include	57,028.	29,085.	10,222.	17,721.
_	section 401(k) and 403(b) employer contributions)	253,330.	149,020.	98,727.	5,583.
	Other employee benefits	188,828.	132,090.	27,064.	29,674.
10	Payroll taxes	100,020.	132,000.	27,001.	27,071.
11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.			
	Management	0.			
	Legal	42,000.		42,000.	
	Accounting	0.		,	
	Professional fundraising services. See Part IV, line 17	0.			
	f Investment management fees	8,054.		8,054.	
	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule O.) ATCH 2	662,359.	540,236.	81,802.	40,321.
12	Advertising and promotion	16,689.	7,500.	1,044.	8,145.
13	Office expenses	47,411.	18,284.	12,092.	17,035.
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	485,107.	387,586.	48,096.	49,425.
17	Travel	3,203.	1,955.	1,009.	239.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	200,963.	144,022.	45,553.	11,388.
23	Insurance	10,754.	8,182.	1,192.	1,380.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	PROGRAM SUPPLIES AND EQUIP.	190,852.	184,765.	1,534.	4,553.
~	PAYROLL SERVICE	68,724.	54,980.	6,872.	6,872.
-	DUES & SUBSCRIPTIONS	11,630.	596.	9,395.	1,639.
C	PROFESSIONAL DEVELOPMENT	3,320.	2,444.	472.	404.
	All other expenses	580.	256.	274.	50.
_	Total functional expenses. Add lines 1 through 24e	4,924,027.	3,702,055.	690,757.	531,215.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) if	_			
_	TOTIONING SOF 30-2 (ASC 300-720)	0.			Form QQQ (2020)

Form **990** (2020)

Form 990 (2020) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,119,974.	1	485,428.
	2	Savings and temporary cash investments	31,736.	2	521,151.
	3	Pledges and grants receivable, net	880,368.	3	1,455,987.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ß	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	51,188.	9	32,773.
	-	Land, buildings, and equipment: cost or other	<u> </u>		·
		basis. Complete Part VI of Schedule D 10a 1,608,077.			
	h	Less: accumulated depreciation	737,430.	100	547,275.
	11	Investments - publicly traded securities	874,983.	11	1,530,833.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	244,622.	15	216,658.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,940,301.	16	4,790,105.
	17		358,760.	17	456,375.
	18	Accounts payable and accrued expenses	0.	18	0.
		Grants payable	0.	19	0.
	19	Deferred revenue.	0.	20	0.
	20 21	Tax-exempt bond liabilities	0.	21	0.
		Escrow or custodial account liability. Complete Part IV of Schedule D	<u> </u>	21	0.
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ξ		trustee, key employee, creator or founder, substantial contributor, or 35%	0.		0.
<u>Lia</u>		controlled entity or family member of any of these persons	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	46,496.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	40,490.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	718,096.		337,340.
	00	of Schedule D	1,076,856.		840,211.
_	26	Total liabilities. Add lines 17 through 25	1,070,030.	26	040,211.
Ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	2,460,864.	27	3,696,779.
Bal	27 28		402,581.		253,115.
힏	20	Net assets with donor restrictions.	402,301.	28	255,115.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds.		31	
Ĭ.	32	Total net assets or fund balances	2,863,445.	32	3,949,894.
Net	33	Total liabilities and net assets/fund balances	3,940,301.	33	4,790,105.
_	55	Total habilitios and flot assets/fully balaffees, , , , , , , , , , , , , , , , , , ,	3,,10,301.	33	Form 990 (2020)

Form **990** (2020)

Form 990 (2020) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,9	21,0	37.
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,9	24,0	27.
3	Revenue less expenses. Subtract line 2 from line 1	3		9	97,0	010.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,8	63,4	145.
5	Net unrealized gains (losses) on investments	5			89,4	139.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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		3,9	49,8	394.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				37	
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 audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	X 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 over	_		2-	Х	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
_	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the	20	Х	
	Single Audit Act and OMB Circular A-133?		(3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_		3b	Х	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		30		

SCHEDULE A (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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

URE	BAN	ARTS PARTNERSHIP					13-35547	34
Pai	ťΙ	Reason for Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	ty owne	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go						
7	X	An organization that norma	=	•	ipport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)						
8		A community trust describe						
9		An agricultural research org	-			-	-	-
		or university or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the	name, city, and state o	f the college or
	$\overline{}$	university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization	nted to its exempt finent income and upon after June 30, 1	unctions, subject to c nrelated business tax 975. See section 509	ertain exable inco (a)(2). (0	ceptions ome (les: Complete	s; and (2) no more than s section 511 tax) from e Part III.)	n 331/3 % of its
11	Щ	An organization organized			-			
12		An organization organized	•	-	-			
		of one or more publicly su Check the box in lines 12a t						
			_	• •	• •	•	·	
а		Type I. A supporting orga	•	•	•		• , ,	
		the supported organization				ajority of	the directors or truste	ees of the
L		supporting organization. \	=			with ito	aupported argonizati	on(a) by boying
b		Type II. A supporting org control or management of	-				· · ·	
		organization(s). You must			ine sam	e persor	is that control of man	lage the supported
С		Type III functionally integ			ated in c	onnectio	n with and functional	lly integrated with
Ŭ		its supported organization						ny intogratoa witii,
d		Type III non-functionally		-				ted organization(s)
_		that is not functionally into	= :		•			= ::
		requirement (see instruct	-	-	-		· ·	
е		Check this box if the orga		-				II, Type III
		functionally integrated, or					•••	
f	En	ter the number of supported						
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				, , , , ,	Yes	No	,	,
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ı							

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

Schedule A (Form 990 or 990-EZ) 2020

Page 2 Schedule A (Form 990 or 990-EZ) 2020

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

Sec	tion 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.")	9,827,081.	7,177,330.	6,745,692.	4,158,132.	5,617,302.	33,525,537.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	9,827,081.	7,177,330.	6,745,692.	4,158,132.	5,617,302.	33,525,537.
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) Public support. Subtract line 5 from line 4						0. 33,525,537.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	9,827,081.	7,177,330.	6,745,692.	4,158,132.	5,617,302.	33,525,537.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	118,628.	117,442.	125,682.	32,510.	41,656.	435,918.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1				448,552.	42,345.	490,897.
11	Total support. Add lines 7 through 10						34,452,352.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	2,012,186.
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2020 (lin						97.31 %
15	Public support percentage from 2019						97.64 %
16a	a 331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this						
	box and stop here . The organization qualifies as a publicly supported organization						
b	b 331/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
		-		-			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	•
	Part VI how the organization meets t			_	•		
L	organization						
b			•		•		
	15 is 10% or more, and if the organization mosts						
	in Part VI how the organization meets			=	· ·		
18	Private foundation. If the organizatio	n did not chec	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see
	instructions					chodulo A /Form 00	

Schedule A (Form 990 or 990-EZ) 2020 Page 3

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Sec	tion A. Public Support			· 1	'	,	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
J	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	,						
F	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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support					,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
40	ÿ , ·						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
13	**						
1.4	and 12.)	the organizati	on's first sees	d third fourth	or fifth toy ::-	or on a continu	501(a)(2)
14	First 5 years. If the Form 990 is for	-			•		```
S	organization, check this box and stop here.						🟲 🔼
	Public support percentage for 2020 (line 8			mn (f))		45	0/
15	Public support percentage for 2020 (line 8,					15	<u>%</u>
16	Public support percentage from 2019 Sche					16	%_
	tion D. Computation of Investment			40 1			
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019 S					18	%
19 a	331/3% support tests - 2020. If the org	-					
	17 is not more than 331/3 %, check this	box and stop	here. The organ	nization qualifies	as a publicly su	upported organiza	tion . ►
b	331/3% support tests - 2019. If the orga	anization did not	t check a box on	line 14 or line 1	9a, and line 16	is more than 331	1/3 %, and
	line 18 is not more than 331/3%, check	this box and s	top here. The or	ganization qualifie	es as a publicly	supported organia	zation 🕨
20	Private foundation. If the organization d	lid not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	tions ►

Schedule A (Form 990 or 990-EZ) 2020 Page 4

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

- 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.**
- 10 a 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.
 - 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.)

		Yes	No
g Dy			
	1		
ıs ed			
	2		
er	3a		
id ie			
	3b		
3)	3с		
If	4a		
n n			
	4b		
n ed 3)			
,	4c		
s," N n;			
n			
	5a		
ly	5b		
	5c		
o d or	36		
	6		
or :y			
	7		
?	8		
e is			
	9a		
h	9b		
fit	0-		
	9с		
n d	4.5		
	10a		
to	10b		

Schedule A (Form 990 or 990-EZ) 2020 Page **5**

Yes No.	Part	V Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 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 litmes during the tax year? If "A feestive in Part VI how the supported organization's officers, directors, or trustees at little than the supported organization of the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization's and what conditions or restrictions, if any, applied to such powers during the tax year. 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," explain in Part VI how providing such benefit camed out the purposes of the supported organization in Part VI how control or management of the supporting organization's supported organization's the supported organization's supported organization's in Part VI how control or management of the supporting organization's supported organization's the supported organization's supported organization's the supported organization's very little organization's little 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 orga				Yes	No
11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 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? If "No." describe in Part VI how the supported organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization of search at more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization's that conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization sheenfit or arrey supported organization's If "Yes," explain in Part VI how providing such benefit or arrey out the proposes of the supported organization's) that operated, supervised, or controlled the supporting organization. 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 that controlled or managed the supported organization's supported organization's and the supported organization's or the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's or the organizat					
b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide datal in Part VI. Section B. Type I Supporting Organizations 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 lit limes during the tax year? If "Vie describe in Part VI how the supported organization's officers, 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 organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization' If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported 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. Section C. Type II Supporting Organizations 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 "Yo," 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 at year, (i) a virtlen notice describing the type and amount of support provided during the prior tax year, (i) a virtlen notice describing the type and amount of support provided during the prior tax describes of the organization's played in this regard. 2 Were any of the organization's	а				
C. 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. Section 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 organizations officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of organization describe how the powers to appoint and/or remove officers, directors, or trustees were ellicated among the supported organization operate for the benefit of any supported organization other than the supported organization operate for the benefit of any supported organization other than the supported organization operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 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 is supported organizations, by the last day of the fifth month of the organization's tax year, (i) a capy of the Form 990 that was most recently filed as of the date of notification (iii) copies of the organization's powering obt that was most recently filed as of the date of notification, if Vio, "explain in Part VI how the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's officers, directors, or trustees either (i) appointed or elec					
Section B. Type I Supporting Organizations		·	11b		
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? If "No," describe in Part VI how the supported organization's officers, directors, or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization (s) that operated, supervised, or controlled the supporting organization of the supporting organizations) the providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 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 supported 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? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors,	С				
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? If "No," describe in Part VI how the supported organization's officers, directors, or trustees were allocated among the 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. 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. Section C. Type II Supporting Organizations 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 was vested in the same persons that controlled or managed the supported organization(s)? If "No," describe in Part VI how control or management of the supporting organizations was vested in the same persons that controlled or managed the supported 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 written notice describing the type and amount of support provided during the prior tax year, (ii) a written notice describing the type and amount of support provided during the prior tax year, (ii) a written notice describing the supported organization's soverant or (iii) copies of the organi	Cooti		11c		
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 organizations officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization observable how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization send what conditions or restrictions, if any, applied to such powers during the tax year. 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 of the supporting organizations. 3 Section C. Type II Supporting Organizations 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 supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization provide to each of its supported organizations, by the last day of the fifth month of the organization's avera, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's overning body of a supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization's income or assets at all times during	Secur	on B. Type i Supporting Organizations		Voc	No
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part W how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 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). Section D. All Type III Supporting Organizations 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, (i) 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? 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). 3 By reason of the relationship described in line 2, above, did the organization's supported 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 that the organization used to satisfy the Integral Part Test during the year (see instructions). 2 The organization is the parent of each of its sup	1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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). Section D. All Type III Supporting Organizations 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? 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). 3 By reason of the relationship described in line 2, above, did 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 that the organization used to satisfy the Integral Part Test during the year (see instructions). 2 The organization is the parent of each of its supported organizations. Complete line 3 below. 3 The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Yes No. 2 Activities Test. Answer lines 2a and 2b below. 3 Did substantially all of the organization's activities during the tax year directly further the exemp		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		
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). Section D. All Type III Supporting Organizations 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? 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). 3 By reason of the relationship described in line 2, above, did the organization's supported 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 that the organization used to satisfy the Integral Part Test during the year (see instructions). 2 The organization satisfied the Activities Test. Complete line 2 below. 3 The organization is the parent of each of its supported organizations. Complete line 3 below. 4 Complete line 3 below. 5 The organization is the parent of each of its supported organizations. Complete line 3 below. 7 T	Section	on C. Type II Supporting Organizations		1.6	
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). Section D. All Type III Supporting Organizations 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? 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). 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 organizations have a significant voice in the organization's investment policies and in directing the use of 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 that the organization used to satisfy the Integral Part Test during the year (see instructions). 2 The organization satisfied the Activities Test. Complete line 2 below. 3 The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). 4 Check the box next to the method that the organization organizations. Complete line 3 below. 5 Complete line 3 below. 6 Activities Test. Answer lines 2a				Yes	No
Section D. All Type III Supporting Organizations 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? 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). 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 supported organization's nincome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization's supported organization's nincome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization's nincome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's nincome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's nincome or assets at all times during the tax year of the organization's nincome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's nincome or assets at all times during the tax year of the organization's nincome or assets at all times during the vear (see instructions). 3 The organization satisfied the Activities Test. Complete line 2 below. 4 The organization supported a gov	1	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			
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? 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). 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. 3 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 3 The organization satisfied the Activities Test. Complete line 2 below. 4 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1		<u> </u>
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's 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? 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). 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 that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Yes No. 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	Section	on D. All Type III Supporting Organizations		1.6	
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). 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 that the organization used to satisfy the Integral Part Test during the year (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. c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Yes No. Yes No.	1	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		Yes	NO
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). 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 that the organization used to satisfy the Integral Part Test during the year (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. c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Yes No. Yes No. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1		
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	2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
Section E. Type III Functionally Integrated Supporting Organizations 1	3	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	3		
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (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. c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Yes No. 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	Section	on E. Type III Functionally Integrated Supporting Organizations			
The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Yes No. Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	а	The organization satisfied the Activities Test. Complete line 2 below.			
2 Activities Test. <i>Answer lines 2a and 2b below.</i> a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
 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 	С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		_
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	2	Activities Test. Answer lines 2a and 2b below.		Yes	No
the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identity 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.		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	22		
	_		a		
 b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 	b	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	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.	3	-			
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. 3a		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
 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. 3b 	b		3 h		

Schedule A (Form 990 or 990-EZ) 2020

PAGE 18

Schedule A (Form 990 or 990-EZ) 2020 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (expla	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organia	zations r	nust complete Sectio	ns A through E.
Se	ction 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		7		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
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		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	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		ly integra	ted Type III supporting	g organization

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Page 7

Type III Non-Eunctionally Integrated 509(a)(3) Supporting Organizations (continued)

Fail	y Type III Non-Functionally integrated 309(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide 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 organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				

Schedule A (Form 990 or 990-EZ) 2020

5

Remainder. Subtract lines 4a and 4b from line 4.

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

and 4c.

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.

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2020 Page 8

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

					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOM	⁄ΙΕ		-		
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MISCELLANEOUS INCOME				31,653.	42,345.	73,998.
PAYROLL PROTECTION PROGRAM LOA				416,899.		416,899.
MOMAL G				440 550	42.245	400.007
TOTALS				448,552.	42,345.	490,897.

Schedule B

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

URBAN ARTS PARTNERSHIP 13-3554734 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] 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 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).

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

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

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

Name of organization URBAN ARTS PARTNERSHIP

Employer identification number 13-3554734

art I	Contributors (see	instructions).	Use duplicate	copies of Part	I if additional s	pace is needed.
-------	-------------------	----------------	---------------	----------------	-------------------	-----------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$\$88,962.	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
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	N/A	\$358,338.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>,</u>			
4	<u>N/A</u>	\$340,063.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	N/A (b) Name, address, and ZIP + 4	\$340,063. (c) Total contributions	Payroll Noncash (Complete Part II for
(a)	(b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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

Name of organization URBAN ARTS PARTNERSHIP

Employer identification number 13-3554734

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if additiona	I space is needed.
		(000	o o o dap.od.o o op.oo		. op a.oo .ooo a.oa.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	N/A	\$196,854.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	N/A	\$179,779.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	N/A	\$150,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	N/A	\$150,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	N/A	\$1,099,105.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization URBAN ARTS PARTNERSHIP

Employer identification number 13-3554734

Part II	Noncash Property	(see instructions)	Use duplicate copie	s of Part II if additiona	I space is needed
	140110a3111 1 Opcity	1000 111011 401101107.	. Obe auplicate copic	o oi i ait ii ii aaailioila	i opace is riceaca.

(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
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization URBAN ARTS PARTNERSHIP **Employer identification number** 13-3554734 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

URI	BAN ARTS PARTNERSHIP	13-3554734
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	r Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?.	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant f	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation	of a historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	ninated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspec	tion, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue an	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	cial statements that describes the
De	organization's accounting for conservation easements. Int III Organizations Maintaining Collections of Art, Historical Treasures, or Other	ar Similar Assots
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	olilliai Assets.
4-		us statement and halance sheet works
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenu of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes t	or research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sart, historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items:	statement and balance sheet works of
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under FASB ASC 958 relating to these items:	-
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page **2**

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures,	or Other	Similar Assets (.gc <u>=</u>
3	Using the organization's acquisition	on, accession, and	other recor	ds, check	c any of t	the follow	ring that make sign	nificant use of	fits
	collection items (check all that app	ly):		_					
а	Public exhibition		d	Loan	or exchan	ge prograi	m		
b	Scholarly research		e	Other					_
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collection	s and expla	ain how t	hey furth	er the or	ganization's exemp	t purpose in F	Part
	XIII.								
5	During the year, did the organization								
	assets to be sold to raise funds rath		tained as pa	rt of the o	organizati	on's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A						_	_	
	Complete if the organiza	ation answered "Y	es" on For	m 990, F	Part IV, lir	ne 9, or re	eported an amou	nt on Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trus								
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	llowing tab	ole:				
							Amount		
С.	Beginning balance								
d	Additions during the year					d			
e	Distributions during the year					e			
f	Ending balance Did the organization include an am					-	o o o o unt liability?	V	Na.
	If "Yes," explain the arrangement i							Yes	No
	rt V Endowment Funds.	II Part Alli. Check i	iere ii trie e.	хріапаціоп	nas been	provided	OII Pait Aiii		
Га	Complete if the organiza	ation answered "Y	es" on For	m 990 F	Part IV lin	ne 10			
	Complete ii tilo organizo	(a) Current year	(b) Prio			ears back	(d) Three years back	(e) Four years b	ack
4.	Denienien of wear belonge	,	1	. , ,	(4)		(a) Three years saon	(5) . 5) 5 5	
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
الم	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses End of year balance								
g 2	Provide the estimated percentage	of the current year	and halance	o (lino 1a	column (a)) hold as			
a	Board designated or quasi-endown		%	e (iiile 1g,	coluitii (e	a)) Held as	•		
b	Permanent endowment ▶	%							
С	Term endowment ▶	%							
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.						
3a	Are there endowment funds not in	the possession of t	he organiza	tion that	are held a	and admir	nistered 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 relate	ed organizations liste	ed as require	ed on Sch	edule R?			3b	
4	Describe in Part XIII the intended u								
Pa	rt VI Land, Buildings, and Equ Complete if the organize	uipment.	os" on Fo	m 000 I	Dart I\/ li	no 11a 9	Soo Form 000 Pa	rt Y lino 10	
	Description of property	(a) Cost of	or other basis		or other basis			l) Book value	
		(inve	stment)		ther)		eciation		
1a	Land								
b	Buildings			ļ	000 710	+ -	70 420	420 0	7.1
C	Leasehold improvements				309,712	_	79,438.	430,2	
d	Equipment			<u>'</u>	798,365	. 6	81,364.	117,0	<u> </u>
	Other		m 000 Da	V och me	n (D) !in=	100.)		547,2	75
ıota	I. Add lines 1a through 1e. (Column	ı (u) must equal For	ııı 990, Part	A, COIUMI	יו (ש), Ilne	10C.)	▶	54/,Z	10.

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV line 11h See Form 990 F	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	n:
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	\/	Don't IV 18 44- Co- Form 000 F	2
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (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, F	Part X, line 15.
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	<u></u> ▶	
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
1.		tion of liability		(b) Book value
	ral income taxes	non or nability		(b) Book value
	RRED RENT			337,340.
(3)				33.73101
(4)				
(5)				
(6)			+	
(7)			+	
(8)			+	
(9)			+	
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		N	337,340.
	or uncertain tax positions. In Part XIII, provide the			

Page 4 Schedule D (Form 990) 2020

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	6,246,015.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		222 022
е	Add lines 2a through 2d	2e	333,032. 5,912,983.
3	Subtract line 2e from line 1	3	3,712,703.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 8,054.		
a	investment expenses not included on Form 350, Fait Viii, line 75	1	
b C	Other (Describe in Part XIII.)	4c	8,054.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,921,037.
Part		ırn.	
1	Total expenses and losses per audited financial statements	1	5,159,566.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	243,593.
3	Subtract line 2e from line 1	3	4,915,973.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 8,054.	1	
b	Other (Describe in Part XIII.)		0.054
	Add lines 4a and 4b	4c	8,054. 4,924,027.
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,924,027.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	nation	

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD FOR UNCERTAINTY IN INCOME TAXES. THE STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION.

THE ORGANIZATION FILES INFORMATIONAL RETURNS IN THE FEDERAL JURISDICTION. THE ORGANIZATION IS SUBJECT TO FEDERAL TAX EXAMINATIONS FOR ALL FISCAL YEARS IN WHICH INFORMATIONAL RETURNS WERE FILED.

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED FOR EACH YEAR. MANAGEMENT BELIEVES THAT ITS NONPROFIT STATUS WOULD BE SUSTAINED UPON EXAMINATION.

SHOULD THERE BE INTEREST ON UNDERPAYMENTS OF INCOME TAX, THE ORGANIZATION WOULD CLASSIFY IT AS INTEREST EXPENSE. THE ORGANIZATION WOULD CLASSIFY PENALTIES IN CONNECTION WITH UNDERPAYMENTS OF INCOME TAX AS OTHER EXPENSE.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Inspection Name of the organization Employer identification number URBAN ARTS PARTNERSHIP 13-3554734 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2020

Page 2 Schedule G (Form 990 or 990-EZ) 2020

			(a) Event #1 ANNUAL BENEFIT	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	203,286.			203,286
ኟ	2	Less: Contributions	164,433.			164,433
	3	Gross income (line 1 minus line 2)	38,853.			38,853
	4	Cash prizes				
	5	Noncash prizes				
uses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment	6,401.			6,401
	9	Other direct expenses	32,452.			32,452
	11	Direct expense summary. Add lin Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)	<u> </u>	38,853
Рa	rt II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "` le 6a.	Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes%	Yes%	,
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9	1	Enter the state(s) in which the org is the organization licensed to con if "No," explain:	duct gaming activities	in each of these state	es?	Yes No
k						

URBAN ARTS PARTNERSHIP

Sched	dule G (Form 990 or 990-EZ) 2020		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility13a		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b			
Par			

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
20**20**

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identification	on number
JRBAN ARTS PARTNERSHIP							4
Part I General Information on Grants and	l Assistanc	е					
 Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Ye	es" on Form 990,
Part IV, line 21, for any recipient the	at received	more than \$5	,000. Part II can	be duplicated if	additional space is n	eeded.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)							
(2)							
(3)	-						
(4)	_						
(5)	_						
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list For Paperwork Reduction Act Notice, see the Instruction	ed in the line	1 table					hedule I (Form 990) 2020

JSA

URBAN ARTS PARTNERSHIP 13-3554734

Schedule I (Form 990) (2020)

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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	4.	41,108.			
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

YEARLY RENEWAL OF SCHOLARSHIP FUNDS IS DEPENDENT ON ANNUAL REVIEWS AND EXCELLENT ACADEMIC PERFORMANCE. RECIPIENTS MUST BE ENROLLED AS A REGULAR STUDENT IN AN ACCREDITED SCHOOL OR UNIVERSITY. IN ADDITION, A STUDENT MUST BE ENROLLED IN AT LEAST 3 UNITS OR MORE EACH SEMESTER TO REMAIN ELIGIBLE FOR THE SCHOLARSHIP. A MINIMUM CUMULATIVE COLLEGE GRADE POINT AVERAGE OF 2.75 (ON A 4 POINT SCALE) IS REQUIRED FOR RENEWAL OF THE AWARD. THE STUDENT WILL BE GIVEN ONE-YEAR PROBATIONARY PERIOD WITHOUT A DECREASE IN THEIR SCHOLARSHIP(S) IF THE CUMULATIVE GPA IS BELOW 2.75. IF THE CUMULATIVE GPA DOES NOT MEET THE MINIMUM STANDARDS AFTER THE

Schedule I (Form 990) (2020)

URBAN ARTS PARTNERSHIP 13-3554734

Schedule I (Form 990) (2020)

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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PROBATIONARY PERIOD, BUT IS AT LEAST A 2.0, THE STUDENT WILL RETAIN 75%

OF THE ORIGINAL SCHOLARSHIP AMOUNT. THE STUDENT RECIPIENT'S YEARLY FUND

BALANCE(S) ARE MONITORED BY THE ACCOUNTING STAFF TO ENSURE THE STUDENT

REQUESTED EXPENSES TO BE PAID ARE FOR COLLEGE RELATED COSTS, AS WELL AS

THE YEARLY \$10,000 ALLOWANCE FOR THE RECIPIENT(S) ARE NOT BEING OVERDRAWN

WITHOUT APPROVAL FROM THE BOARD MEMBER FUNDING THE SCHOLARSHIP PROGRAM.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

13-3554734 URBAN ARTS PARTNERSHIP **Questions Regarding Compensation**

			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form							
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding paymen or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all							
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line							
	1a?	2						
3	Indicate which, if any, of the following the organization used to establish the compensation of the							
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a							
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.							
	X Compensation committee X Written employment contract							
	Independent compensation consultant Compensation survey or study							
	X Form 990 of other organizations X Approval by the board or compensation committee							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
7	organization or a related organization:							
а	Receive a severance payment or change-of-control payment?	4a		Х				
b	Participate in or receive payment from a supplemental nonqualified retirement plan?							
С	Participate in or receive payment from an equity-based compensation arrangement?							
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	in roo to any or into ita o, not the persons and provide the appheasis amounte for each term in rate in							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any							
	compensation contingent on the revenues of:							
а	The organization?	5a		Х				
b	Any related organization?	5b		Х				
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any							
-	compensation contingent on the net earnings of:							
а	The organization?	6a		Х				
	Any related organization?							
~	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed							
′	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject							
J	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe							
	in Part III	8		Х				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0						
3		0						
	Regulations section 53.4958-6(c)?	9						

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

Schedule J (Form 990) 2020

URBAN ARTS PARTNERSHIP 13-3554734

Schedule J (Form 990) 2020 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
PHILIP COURTNEY	(i)	233,652.	0.	0.		9,110.	242,762.	
1CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.				
	(i)	158,498.	0.	0.		6,222.	164,720.	
2CHIEF OPERATING OFFICER	(ii)	0.	0.	0.				
	(i)	155,854.	0.	0.		6,030.	161,884.	
3CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.				
	(i)							
_ 4	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

URBAN ARTS PARTNERSHIP 13-3554734

Schedule J (Form 990) 2020 Page 3

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

irs.gov/form990. Inspection
Employer identification number

13-3554734

URBAN ARTS PARTNERSHIP

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

URBAN ARTS PARTNERSHIP (UAP) PROVIDES STUDENTS FROM LOW-INCOME

COMMUNITIES ACROSS NEW YORK CITY WITH A QUALITY 21ST CENTURY EDUCATION

THAT IS ROOTED IN THE ARTS AND TECHNOLOGY, PREPARING THEM FOR LIFELONG

SUCCESS.

FORM 990, PART III, LINE 4D:

STEAM LABS - BRINGS PROJECT-BASED LEARNING AND DESIGN THINKING TO ENLIVEN

MATH AND SCIENCE CLASSES.

EXPENSES: \$97,383 GRANTS: NONE REVENUE: NONE

STORY STUDIO - USES STORYTELLING AND VISUAL EXPRESSION TO DEVELOP ENGLISH

FLUENCY AND BUILD SELF EXPRESSION IN ENGLISH LANGUAGE LEARNERS.

EXPENSES: \$365 GRANTS: NONE REVENUE: NONE

ALL OTHER PROGRAMS COMBINED

EXPENSES: \$41,108 GRANTS: \$41,108 REVENUE: NONE

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

A DRAFT OF THE FORM 990 WAS SENT TO THE FINANCE COMMITTEE FOR REVIEW,

PRIOR TO DISTRIBUTING TO THE ENTIRE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

TO ENSURE THAT THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS

STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX, THE BOARD AUTHORIZES AND OVERSEES AN ANNUAL REVIEW OF THE ADMINISTRATION OF THE CONFLICT OF INTEREST POLICY. THE REVIEW MAY BE WRITTEN OR ORAL. THE REVIEW CONSIDERS THE LEVEL OF COMPLIANCE WITH THE POLICY, THE CONTINUING SUITABILITY OF THE POLICY, AND WHETHER THE POLICY SHOULD BE MODIFIED AND IMPROVED.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION REVIEW AND APPROVAL PROCESS FOR EXECUTIVES IS PERFORMED BY THE COMPENSATION COMMITTEE. THE COMMITTEE CONDUCTED A COMPENSATION STUDY AND ANALYZED EXECUTIVE SALARIES AT COMPARABLE ORGANIZATIONS.

SALARIES ARE ALIGNED TO A SALARY GRADE TABLE THAT INCLUDES

MINIMUM/MIDPOINT/MAXIMUM SALARIES FOR EACH POSITION.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST BY EMAIL.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

UAP IS NOW ONE OF NYC'S LARGEST ARTS EDUCATION ORGANIZATIONS. WE HAVE BROUGHT ARTISTS INTO THE CLASSROOM TO USE THE ARTS TO MAKE LEARNING IN ALL SUBJECTS MORE ENGAGING AND ACCESSIBLE. OVER THE YEARS, WE HAVE WON MULTIPLE FEDERAL GRANTS TO RESEARCH, DEVELOP, AND IMPLEMENT A RANGE OF INNOVATIVE ARTS PROGRAMS TO MEET A VARIETY OF STUDENT AND TEACHER PROFESSIONAL DEVELOPMENT NEEDS - I.E. STUDENTS WITH DISABILITIES, RECENT IMMIGRANTS LEARNING ENGLISH, STUDENTS STRUGGLING IN STEM CLASSES, AND TEACHERS LACKING SKILLS TO TEACH THROUGH THE

Schedule O (Form 990 or 990-EZ) 2020 Page 2

Name of the organization Employer identification number URBAN ARTS PARTNERSHIP 13-3554734 ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ARTS.

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
CONSULTING FEES	621,433.	506,445.	77,189.	37,799.
TECHNOLOGY SERVICES	40,926.	33,791.	4,613.	2,522.
TOTALS	662,359.	540,236.	81,802.	40,321.