Click on the question-mark icons to display help windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the	2020 calenda	ı ar year, or tax year beginning	January 1, 2021	, 2020, and ending	June 3	0, 2021	, 20
В	Check if ap	oplicable:	C Name of organization	,	-		er identification	n number
	Address c	hange	Wimauma Community Develo	pment Corp			510625060	0
	Name cha	inge	Number and street (or P.O. box if mail is	s not delivered to street address)	? Room/suite	E Telepho	ne number	
님	Initial retur		PO Box 825				(847) 942-81	65
H		n/terminated	City or town, state or province, country,	and ZIP or foreign postal code		F Group	Exemption	
H	Amended Application		Wimauma, FL 33598			Numbe	er ▶ ?	
G		ting Method:	Cash Accrual Other (s	specify) >	н	4		nization is not
	Website	-	naumacdc.org				attach Sche	
			<u>~</u>	(c) () ◀ (insert no.) ☐ 494	7(a)(1) or 527	•	, 990-EZ, or 9	
			✓ Corporation ☐ Trust		Other	•		
		-	7b to line 9 to determine gross rece			ıl assets		
			500,000 or more, file Form 990 inst			•	\$	50,162
_	art I		e, Expenses, and Changes		Balances (see the	instructi	ons for Par	
			the organization used Schedu		,			.
?	1 1		ons, gifts, grants, and similar am				1	50,162
?			ervice revenue including govern			-	2	
?		•	ip dues and assessments				3	
?	- 1	Investment	•			_	4	
	5a		ount from sale of assets other the	an inventory	5a			
	b		or other basis and sales expens	-	5b			
	C		ss) from sale of assets other tha				ic	
	6	•	nd fundraising events:	Transcript (Subtract mic Sp				
	а	_	ome from gaming (attach Sc	hedule G if greater than	1			
ē		\$15,000) .			6a			
Revenue	b	-	me from fundraising events (not	including \$	of contribution	ons		
ě			raising events reported on line 1					
ш			ch gross income and contribution		6b			
	С		et expenses from gaming and fur	•	6c	_		
	d		e or (loss) from gaming and full			btract		
		line 6c)					id	
	7a	,	s of inventory, less returns and a	allowances	7a		,,,	
	b		-		7b	_		
	C		it or (loss) from sales of inventor			7	'c	
	8						8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d,				9	50,162
	10		d similar amounts paid (list in Sci		<u> </u>		0	
	11		aid to or for members			-	1	
S			ther compensation, and employ				2	36,279
se	13		al fees and other payments to in				3	16,378
Expenses	14		y, rent, utilities, and maintenance			_	4	6,161
ă	15		ublications, postage, and shippi				5	2,100
_	16		enses (describe in Schedule O)	=		_	6	4,835
	17		enses. Add lines 10 through 16				7	65,753
_	10	Fycese or	(deficit) for the year (subtract line		<u> </u>	1	8	(15,591)
ets	19		or fund balances at beginning	•				(10,001)
SS	.5		ar figure reported on prior year's				9	288,164
Net Assets	20	=	nges in net assets or fund balance	•		_	20	200,104
Ž	21		or fund balances at end of year				21	272,573
			ca balancoo at ona or your	. Combine in loc to the ought				_,_,_,

Form 990-EZ (2020) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 22 Cash, savings, and investments 82.296 22 67.124 23 204,613 23 204,613 Land and buildings 24 Other assets (describe in Schedule O) 1.255 24 536 288,164 25 25 Total assets 272,573 26 Total liabilities (describe in Schedule O) 0 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) 288,164 27 27 272,573 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section Build a better community for Wimauma. What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Developed new partnerships with housing organizations that can create affordable housing opportunities for residents of Wimauma. **50,000**) If this amount includes foreign grants, check here 28a 65,334 (Grants \$ 29a) If this amount includes foreign grants, check here . 30a **31** Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31a List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation **Bryce Bowden** 40 Chair 0 0 0 **Holly Jamison** 0 Vice Chair 0 0 0 **Rotunda Wilcox** 0 **Treasurer** 0 0 0 **Christine Bosworth** 0 Secretary 0 0 0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			<u> </u>	
	mondono for fair v., official integralization does confedence to respond to any question in the	J I dit	Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	NO V	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34			?
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		_	
b b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		,	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/	?
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ ☐ 37a ☐ Did the organization file Form 1120-POL for this year?	37b 38a		ν ν	?
b 39 a	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-			
b 40a	Gross receipts, included on line 9, for public use of club facilities	_			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		,	?
c d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
е	40c reimbursed by the organization	40e		/	
41	List the states with which a copy of this return is filed ▶	406			
		040.00	0 500/		
42a		813-69		<u>.</u>	
b	Located at ▶ P0 Box 825, Wimauma, FL ZIP + 4 ▶ 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)? If "Yes," enter the name of the foreign country ▶	335 42b	Yes	No ✓	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.)	<u> </u>	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No 🗸	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		V	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	
b b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45a			

-orm 991	J-EZ (20	J2U)								P	age 🖣
										Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes," c							46		~
Part \	/	Section 501(c)(3) Organizations	Only								
		All section 501(c)(3) organizations	s must answer que	stions 47–49b ar	nd 52, ar	id con	nplete the	e tab	les fo	or line	es
		50 and 51.									
		Check if the organization used Sch	nedule O to respond	to any question i	n this Pa	rt VI					
										Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		ffect d	uring the	tax	47		
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	i)? If "Yes," comple	te Schedi	ıle E			48		~
49a		ne organization make any transfers to							49a		~
b		s," was the related organization a se							49b		
50		plete this table for the organization's									d key
	emplo	oyees) who each received more than	\$100,000 of comper	sation from the or	ganizatio	n. If the	ere is non	e, ent	er "N	one."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contrib		employee nd deferred			d amou pensati	
Non	e										
f		number of other employees paid over									
51	Comp	plete this table for the organization's	s five highest compe	ensated independe	ent contra	actors	who each	rece	ived	more	than
	\$100,	000 of compensation from the organ	ization. If there is no	ne, enter "None."							
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service		(c)	Comp	ensatio	on	
Non	e										
d	Total	number of other independent contra	ctors each receiving	over \$100 000							
52		he organization complete Schedu	=		rnanizatio	ne mi	ıst attach	າ a			
-		1-4 O-1 II A			•			• α • □	Yes		No.
Jnder ne		of perjury, I declare that I have examined this re				to the h	est of my kr	nowledo			
		d complete. Declaration of preparer (other than						iowicaç	je ana	Dollor,	11.13
		\									
Sign		Signature of officer				Date					
Here	?	Bryce Bowden, Chair									
		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if F	PTIN		
-	aror	Michele Moreland					self-emplo		P00	03865	52
Prepa Use (Firm's name Complete Account	ting & Tax Solutions			Firm's	s EIN ▶	2	7-074	3424	
OSE (וווע	Firm's address ► P0 Box 495, Rove				Phon			-205-		
May th	e IRS	discuss this return with the preparer	· · · · · · · · · · · · · · · · · · ·	nstructions				▶	Yes		lo

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

W	imaum	a Community Development C	orp				51062	25060
Pai		Reason for Public Cha						ons.
The o	-	cation is not a private founda		,		-	•	
1		church, convention of churc						
2		school described in section						
3		hospital or a cooperative ho						
4	_	medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
_		spital's name, city, and state						
5		organization operated for ction 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7	✓ An	federal, state, or local gover organization that normally scribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	□А	community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	_	agricultural research organ			-	erated in	conjunction with a l	and-grant college
	or un	university or a non-land-gra iversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	red	organization that normally in ceipts from activities related pport from gross investment quired by the organization a	to its exempt full income and uni	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 ¹ /3% of its
11		organization organized and		•		•	•	
12		organization organized and	•	•	-			rry out the purposes
		one or more publicly suppo	•	•			•	
	Ch	neck the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting c	rganizati	on and complete line	es 12e, 12f, and 12g.
а		Type I. A supporting organ	ization operated	, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
		the supported organization	(s) the power to	regularly appoint or e	lect a ma	jority of t	he directors or trust	ees of the
		supporting organization. Y	ou must comple	ete Part IV, Sections	A and B.			
b		Type II. A supporting organ						
		control or management of				persons	that control or man	age the supported
	_	organization(s). You must	-					
С	Ш	Type III functionally integ						ally integrated with,
		its supported organization(, ,	,			-	
d		Type III non-functionally integrated that is not functionally integrated requirement (see instructionally integrated in the control of the co	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
е		Check this box if the organ	ization received	a written determination	on from th	ne IRS th	at it is a Type I. Type	e II. Type III
		functionally integrated, or						·, . , po
f	Ente	er the number of supported o	organizations .					
g	Prov	vide the following information	about the supp	orted organization(s).				
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization		rganization	(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)
				asoro (666 mena6116))				
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 6,567 75.000 78.500 77,211 151,547 388.825 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 6.567 75.000 78.500 77.211 151.547 388.825 4 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) 292,223 **Public support.** Subtract line 5 from line 4 96,602 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 6,567 75,000 78,500 77,211 151,547 388,825 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 388.825 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 24.84 % 14 Public support percentage from 2019 Schedule A, Part II, line 14 15 331/3% 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 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 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	if the organization falls to quality	under the te	SIS listed bei	ow, piease co	implete rait	II. <i>)</i>	
	on A. Public Support						
Calen	dar 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						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ı a	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						
_	·						
	Add lines 7a and 7b						
8							
0 1:	line 6.)						
	on B. Total Support	/) 00/0	# N 0047	() 0040	/ N 00 / 0	() 0000	(n - · · ·
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
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						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop her	е					`▶ ┌
Secti	on C. Computation of Public Suppor	t Percentag	е				<u> </u>
15	Public support percentage for 2020 (line 8			13, column (f))		15	%
16	Public support percentage from 2019 Sch		-			16	%
	on D. Computation of Investment Inc					1	
17	Investment income percentage for 2020 (I	ine 10c, colur	nn (f), divided b	oy line 13, colu	mn (f))	17	%
18	Investment income percentage from 2019			-		18	%
19a	331/3% support tests—2020. If the organi						
	17 is not more than 33 ¹ / ₃ %, check this box						
b	331/3% support tests—2019. If the organize	_	-	-		-	
~	line 18 is not more than 33 ¹ / ₃ %, check this b						
20	Private foundation If the organization did	_	_	•	-		_

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4-		
5а	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).	4c		
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?	5a		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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 .	6		
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).	7		
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).	8		
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.	9a		
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.	9b		
С	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.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
a	determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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		
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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	0		
Sacti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	otions	-1
a b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .	nsuu	CHOIIS	5).
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struct	ions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	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		
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		

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

	· · · · · · · · · · · · · · · · · · ·			1)	. ugo :
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	<u>a)</u>	
Sect	ion D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-		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 whic	h the organization is res	ponsive		
	(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) Underdistribution 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				
a	From 2015				
b	From 2016				
c	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:				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
	Excess from 2018				
d	Excess from 2019				
	Excess from 2020				

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.)

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

Employer identification number

Wimauma Community Development Corp 510625060 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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 Name of organization
Wimauma Community Development Corp

Employer identification number 510625060

Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Allegany Franciscan Ministries 33920 US Hwy 19 N Palm Harbor FL 34684	\$\$50,000_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional spac	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or Part III (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. (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 (a) No. (c) Use of gift (b) Purpose 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 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (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

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule B (Form 990, 990-EZ, or 990-PF), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/Form990.

Note: Terms in **bold** are defined in the *Glossary* of the Instructions for Form 990.

Reminders

Certain tax-exempt organizations are no longer required to report the names and addresses of their contributors on Schedule B (Form 990 or 990-EZ). However, these organizations must continue to keep this information in their books and records. Organizations described in section 501(c)(3) and section 527 are still required to report the names and addresses of their contributors on Schedule B. See Regulations section 1.6033-2 (T.D. 9898), 2020-25 I.R.B. 935, and General Rule, later.

Purpose of Schedule

Schedule B (Form 990, 990-EZ, or 990-PF) is used to provide information on contributions the organization reported on:

- Form 990, Return of Organization Exempt From Income Tax, Part VIII, Statement of Revenue, line 1;
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, Part I, line 1; or
- Form 990-PF, Return of Private Foundation, Part I, line 1.

Who Must File

Every organization must complete and attach Schedule B to its Form 990, 990-EZ, or 990-PF, unless it certifies that it doesn't meet the filing requirements of this schedule by:

- Answering "No" on Form 990, Part IV, Checklist of Required Schedules, line 2; or
- Checking the box on:
 - Form 990-EZ, line H; or
 - Form 990-PF, Part I, Analysis of Revenue and Expenses, line 2.

See the separate instructions for these lines on those forms.

If an organization isn't required to file Form 990, 990-EZ, or 990-PF but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Accounting Method

When completing Schedule B (Form 990, 990-EZ, or 990-PF), the organization must use the same accounting method it checked on Form 990, Part XII, *Financial Statements and Reporting*, line 1; Form 990-EZ, line G; or Form 990-PF, line J.

Public Inspection

Note: Don't include social security numbers of contributors as this information may be made public.

- Schedule B is open to public inspection for an organization that files Form 990-PF.
- Schedule B is open to public inspection for a section 527 political organization that files Form 990 or 990-EZ.
- For all other organizations that file Form 990 or 990-EZ, the names and addresses of contributors aren't required to be made available for public inspection. All other information, including the amount of contributions, the description of noncash contributions, and any other information, is required to be made available for public inspection unless it clearly identifies the contributor.

If an organization files a copy of Form 990 or 990-EZ, and attachments, with any state, it shouldn't include its Schedule B (Form 990, 990-EZ, or 990-PF) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that don't require the information might inadvertently make the schedule available for public inspection along with the rest of the Form 990 or 990-EZ.

See the instructions for Form 990, 990-EZ, or 990-PF for information on telephone assistance and the public inspection rules for these forms and their attachments.

Contributions To Be Included on Part I

A contributor (person) includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations. In addition, section 509(a)(2), 170(b)(1)(A)(iv), and 170(b)(1)(A)(vi) organizations must also report **governmental units** as contributors.

Contributions

Contributions reportable on Schedule B (Form 990, 990-EZ, or 990-PF) are contributions, grants, bequests, devises, and gifts of money or property, whether or not for charitable purposes. For example, political contributions to section 527 political organizations are included. Contributions don't include fees for the performance of services. See the instructions for Form 990, Part VIII, line 1, for more detailed information on contributions.

General Rule

Unless the organization is covered by one of the *Special Rules*, later, it must report in Part I contributions from all persons who contribute \$5,000 or more (in money or other property) during the **tax year**. As described below, certain organizations report only total contribution amounts. Contributions may be made directly or indirectly and may take the form of money, **securities**, or any other type of property.

Include all separate and independent gifts that are \$1,000 or more to determine a contributor's total contribution. Gifts that are less than \$1,000 may be disregarded. Include each contribution reported on Form 990, Part VIII, line 1. For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property in Part VIII, line 1, it must include the value of that contribution in calculating whether the contributor meets the General Rule (or one of the Special Rules, if applicable), even if the organization didn't receive the property during the tax year.

Certain organizations not required to report contributor names and addresses. Certain organizations are no longer required to report the names and addresses of their contributors on Schedule B. Such organizations are those other than:

- Section 501(c)(3) organizations (including section 4947(a)(1) nonexempt charitable trusts and nonexempt private foundations described in section 6033(d)), or
- Section 527 political organizations. Organizations not required to report the names and addresses should enter "N/A" in Part I, column (b). These organizations must continue to:
 - Collect the names and addresses of their contributors,
 - Keep this information in their records and books, and
- Make the information available to the IRS upon request.

Section 501(c)(3) organizations (including section 4947(a)(1) nonexempt charitable trusts and nonexempt private foundations described in section 6033(d)), and section 527 political organizations must report the names and addresses of their contributors in Part I, column (b), on Schedule B.

Special Rules

Section 501(c)(3) organizations that file Form 990 or 990-EZ. For an organization described in section 501(c)(3) that meets the $33^{1}/3\%$ support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and not just the 10% support test (whether or not the organization is otherwise described in section 170(b)(1)(A)), list in Part I only those contributors whose contribution of \$5,000 or more during the tax year is greater than 2% of the amount reported on Form 990, Part VIII, line 1h(A); or Form 990-EZ, line 1. An organization that claims the benefit of this special rule must either (1) establish on Schedule A (Form 990 or 990-EZ), Part II, that it met the 33¹/3% support test for the current year or prior year; or (2) check the box on Schedule A (Form 990 or 990-EZ), Part I, line 7 or 8, and the box on Schedule A, Part II, line 13, as a section 170(b)(1)(A)(vi) organization in its first 5 years.

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on Form 990, Part VIII, line 1h. The organization is only required to list in Parts I and II of its Schedule B each person who contributed more than the greater of \$5,000 or 2% of \$700,000 (\$14,000) during the tax year. Thus, a contributor who

gave a total of \$11,000 wouldn't be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization was greater than \$5,000, it didn't exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For contributions to these social and recreational clubs, fraternal beneficiary and domestic fraternal societies, orders, or associations that weren't for an exclusively religious, charitable, etc., purpose, list in Part I contributions from each contributor who contributed \$5,000 or more during the tax year, as described under *General Rule*, earlier.

For contributions to a section 501(c)(7), (8), or (10) organization received for use exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals (section 170(c)(4), 2055(a)(3), or 2522(a)(3)), list in Part I contributions from each contributor whose aggregate contributions for an exclusively religious, charitable, etc., purpose were more than \$1,000 during the tax year. To determine the more-than-\$1,000 amount, total all of a contributor's gifts for the tax year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that listed an exclusively religious, charitable, etc., contribution in Part I or II must also complete Part III to provide further information on such contributions of more than \$1,000 during the tax year and show the total amount received from such contributions that were for \$1,000 or less during the tax year.

All section 501(c)(7), (8), or (10) organizations listing contributions under this special rule should enter "N/A" in Part I, column (b), and should not enter the name and address of any contributor.

However, if a section 501(c)(7), (8), or (10) organization didn't receive total contributions of more than \$1,000 from a single contributor during the tax year for exclusively religious, charitable, etc., purposes and consequently wasn't required to complete Parts I through III with respect to these contributions, it need only check the third *Special Rules* box on the front of Schedule B and enter, in the space provided, the total contributions it received during the tax year for an exclusively religious, charitable, etc., purpose.

Specific Instructions



Don't attach substitutes for Schedule B or attachments to Schedule B with information on contributors. Parts I, II, and III of

Schedule B may be duplicated as needed to provide adequate space for listing all contributors. Number each page of each part (for example, Page 2 of 5, Part II).

Part I. In column (a), identify the first contributor listed as No. 1 and the second contributor as No. 2, etc. Number

consecutively. In column (b), section 501(c)(3) organizations (including section 4947(a)(1) nonexempt charitable trusts and section 501(c)(3) nonexempt private foundations) and section 527 organizations enter the contributor's name, address, and ZIP code. Identify a donor as "anonymous" only if the organization doesn't know the donor's identity. Other organizations would enter "N/A" in place of each contributor's name, address, and ZIP code. In column (c), enter the amount of total contributions for the tax year for the contributor listed.

In column (d), check the type of contribution. Check all that apply for the contributor listed. If a cash contribution came directly from a contributor (other than through payroll deduction), check the "Person" box. A cash contribution includes contributions paid by cash, credit card, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

If an **employee's** cash contribution was forwarded by an employer (indirect contribution), check the "Payroll" box. If an employer withholds contributions from employees' pay and periodically gives them to the organization, report only the employer's name and address or "N/A," as applicable, and the total amount given unless you know that a particular employee gave enough to be listed separately.

Check the "Noncash" box in column (d) for any contribution of property other than cash during the tax year, and complete Part II of this schedule. For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property on Form 990, Part VIII, line 1g, it must check the "Noncash" box and complete Part II even if the organization didn't receive the property during the tax year.

For a section 527 organization that files a Form 8871, Political Organization Notice of Section 527 Status, the names and addresses of contributors that aren't reported on Form 8872, Political Organization Report of Contributions and Expenditures, don't need to be reported in Part I if the organization paid the amount specified by section 527(j)(1). In this case, enter "Pd. 527(j)(1)" in column (b) instead of a name, address, and ZIP code; but you must enter the amount of contributions in column (c).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. In column (b), describe the **noncash contribution** received by the organization during the tax year, regardless of the value of that noncash contribution. Note the public inspection rules discussed earlier.

In columns (c) and (d), report property with readily determinable market value (for example, market quotations for securities) by listing its fair market value (FMV). If the organization immediately sells securities contributed to the organization (including through a broker or agent), the contribution must still be reported as a gift of property (rather than cash) in the amount of the net

proceeds plus the broker's fees and expenses. See the instructions for Form 990, Part VIII, line 1g, which provide an example to illustrate this point. If the property isn't immediately sold, measure market value of marketable securities registered and listed on a recognized securities exchange by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When FMV can't be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution subject to an outstanding debt, subtract the debt from the property's FMV. Enter the date the property was received by the organization, but only if the donor has fully given up use and enjoyment of the property at that time.

The organization must report the value of any qualified conservation contributions and contributions of conservation easements listed in Part II consistently with how it reports revenue from such contributions in its books, records, and financial statements and in Form 990, Part VIII, Statement of Revenue.

For more information on noncash contributions, see the instructions for Schedule M (Form 990), Noncash Contributions.

If the organization received a partially completed Form 8283, Noncash Charitable Contributions, from a donor, complete it and return it so the donor can get a charitable contribution deduction. Keep a copy for your records.

Original (first) and successor donee (recipient) organizations must file Form 8282, Donee Information Return, if they sell, exchange, consume, or otherwise dispose of (with or without consideration) charitable deduction property (property other than money or certain publicly traded securities) within 3 years after the date the original donee received the property.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions for use exclusively for religious, charitable, etc., purposes during the tax year must complete Parts I through III for each person whose gifts totaled more than \$1,000 during the tax year. Show also, in the heading of Part III, the total of gifts to these organizations that were \$1,000 or less for the tax year and were for exclusively religious, charitable, etc., purposes. Complete this information only on the first Part III page if you use duplicate copies of Part III.

If an amount is set aside for an exclusively religious, charitable, etc., purpose, show in column (d) how the amount is held (for example, whether it is commingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Wimauma Community Development Corp 510625060 01. Description of other expenses (Part 1, line 16) Description Amount **Depreciation from 4562** 419 2,067 Insurance **Payroll Processing** 621 **Taxes & Licensing** 901 **Community Events** 340 Office Supplies 487 02. Description of other assets (Part II, line 24) Category **Beginning of Year End of Year Machinery & Equipment** 1.255 1,255

scriedule O (Form 990 or 990-EZ) 2020		Page 4
Name of the organization	Employer identification number	

Schedule O (Form 990 or 990-EZ) 2020 Page **3**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/Form990.

Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Don't use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization isn't required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return isn't filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time.

Don't use this schedule to provide the late-filing statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Don't use** this schedule. See the instructions for Form 990, *I. Group Return.*

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

- 1. Part III, Statement of Program Service Accomplishments.
 - a. "Yes" response to line 2.
 - b. "Yes" response to line 3.
 - c. Other program services on line 4d.
- 2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.
 - a. "No" response to line 3b.
 - b. "Yes" or "No" response to line 13a.
 - c. "No" response to line 14b.
- 3. Part VI, Governance, Management, and Disclosure.
- a. Material differences in voting rights among members of the governing body in line 1a.
- b. Delegation of governing board's authority to executive committee in line 1a.
- c. "Yes" responses to lines 2 through 7b.
- d. "No" responses to lines 8a, 8b, and 10b.
 - e. "Yes" response to line 9.
- f. Description of process for review of Form 990, if any, in response to line 11b.
 - g. "Yes" response to line 12c.
- h. Description of process for determining **compensation**, in response to lines 15a and 15b.
- i. If applicable, in response to line 18, an explanation as to why the organization checked the *Other* box or didn't make any of Forms 1023, 1024, 1024-A, 990, or 990-T publicly available.
- j. Description of public disclosure of documents, in response to line 19.
- 4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.
- a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.
- b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).
- 5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

- 6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).
- 7. Part XI, Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.
- 8. Part XII, Financial Statements and Reporting.
- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
 - c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions.

- 1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.
- a. Description of other revenue, in response to line 8.
- b. List of grants and similar amounts paid, in response to line 10.
- c. Description of other expenses, in response to line 16.
- d. Explanation of other changes in net assets or fund balances, in response to line 20.
 - 2. Part II, Balance Sheets.
- a. Description of other assets, in response to line 24.
- b. Description of total liabilities, in response to line 26.
- 3. Description of other program services, in response to Part III, Statement of Program Service Accomplishments, line 31.
 - 4. Part V, Other Information.
 - a. "Yes" response to line 33.
 - b. "Yes" response to line 34.
- c. Explanation of why organization didn't report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.
 - d. "No" response to line 44d.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Don't include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020
Attachment
Sequence No. 179

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Business or activity to which this form relates

Identifying number

W	imauma Community	Development Co	orp For	m 990EZ					510625060		
Pa			rtain Property Under ed property, compl			ampla	to Dart I				
	<u>*</u>										
1	Maximum amount (1									
2	Total cost of section	3									
3		I cost of section 179 property before reduction in limitation (see instructions)									
4		4									
5	Dollar limitation for separately, see inst										
								5			
6_	(a) De	escription of proper	ту	(b) Cost (busi	ness use only)		(c) Elected cost		-		
									-		
	Catadana and Fat		form line 00						-		
			from line 29								
_			property. Add amoun					8			
9			aller of line 5 or line					9			
10			from line 13 of your					10			
11			e smaller of business i					11	 		
12			add lines 9 and 10, bu					12			
13			to 2021. Add lines 9			13					
			for listed property. In								
			wance and Other I					Instr	uctions.)		
14	· ·		or qualified property	•							
	•		ns					14			
			1) election					15			
	Other depreciation	(including ACR	S)	<u> </u>				16			
Par	t III MACRS De	oreciation (D	on't include listed		e instructio	ns.)					
				Section A					1		
			ced in service in tax					17	419		
18	•	•	ssets placed in serv	_	-		•				
	asset accounts, che		ed in Service Durin					Syct	· · · · · · · · · · · · · · · · · · ·		
	Section B	(b) Month and year	(c) Basis for depreciation	-	ear Using ti	ie Gen	erai Depreciation	Jaysi	.em		
(a)	Classification of property	placed in service	(business/investment use only—see instructions)	(d) Recovery period	(e) Convention	on	(f) Method	(g) D	Depreciation deduction		
_19a	3-year property										
b	5-year property										
c	7-year property										
d	10-year property										
е	15-year property										
1	20-year property										
g	25-year property			25 yrs.			S/L				
h	Residential rental			27.5 yrs.	MM		S/L				
	property			27.5 yrs.	MM		S/L				
i	Nonresidential real			39 yrs.	MM		S/L				
	property				MM		S/L				
	Section C-	-Assets Place	d in Service During	2020 Tax Ye	ar Using the	Altern	ative Depreciation	n Sy	stem		
20 a	Class life						S/L				
b	12-year			12 yrs.			S/L				
c	30-year			30 yrs.	MM		S/L				
	40-year			40 yrs.	MM		S/L				
Par	t IV Summary (See instructio	ns.)								
21	Listed property. Ent							21			
22			lines 14 through 17								
	here and on the app	propriate lines o	of your return. Partne	erships and S	corporations	-see	instructions .	22	419		
23		•	ed in service during	the current ye	ear, enter the						
	portion of the basis	attributable to	section 263A costs			00	I				

Pal				on, or amu			ertain (other	venicie	s, ce	rtain a	urcran	, and	brobe	arty us	eu 101
		-		which you		,	standa	rd mile	ane rate	or de	ductina	lease i	expense	e com	nlete or	nlv 24a
				(c) of Section								10000	олропо	0, 00111	pioto Gi	y 2 10
				nd Other In								for pas	ssenger	autom	obiles.)	
24 a	Do you have e														☐ Yes	☐ No
			(d) Basis for depreciatio (business/investmen use only)			stment	(f) Recovery period	/ Me	(g) ethod/ vention	(h) Depreciation deduction		E	(i) Elected section 179 cost			
25	Special dep										j					
	the tax year	and used	more tha	an 50% in a	qualifie	ed busi	ness us	e. See	instructi	ions .	25					
26	Property use	ed more tha	an 50%		d busin	ess use	e:	-		-						
				%												
				%												
	Donor	1 500/		%	!											
_27	Property use	ed 50% or	iess in a		ısıness	use:				S/L -						
				%						5/L -				-		
				%						5/L -				\dashv		
28	Add amount	s in colum	n (h) line		ıh 27 F	nter he	re and	on line	21 nag		28			\dashv		
	Add amount													29		
	, lad amount		(1), 11110						e of Vel				-			
Com	plete this sect	ion for vehic	cles used	by a sole pr	oprieto	r, partne	er, or oth	ner "mo	re than 5	5% own	er," or r	elated p	oerson.	lf you p	rovided	vehicles
to yo	our employees,	, first answe	er the que	stions in Sec	ction C	to see if	you me	et an e	xception	to com	pleting 1	this sec	tion for	those v	ehicles.	
30	Total business/investment miles driven during the year (don't include commuting miles)			(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6		
	Total commu	ting miles dr	riven durir	ng the year												
	2 Total other personal (noncommuting) miles driven															
33	Total miles lines 30 thro		_	year. Add												
34	Was the veh				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more															
36	Is another vel	nicle availab	le for pers	sonal use?												
				estions for	Emplo	yers W	/ho Pro	vide V	ehicles	for Us	e by Th	eir Em	ployee	s		
	wer these que e than 5% ow	estions to c	determine	e if you mee	t an ex	ception									who ar	en't
37	7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?							Yes	No							
38																
39						-	-									
40																
41	Do you mee							demon	stration	use? S	ee instr	uctions	 3			
	Note: If you															
Par		tization				,										
	(a) Description of costs (b) Date amortiz begins			I Amortizable amount			mount	(d) Code section			(e) Amortization period or Am percentage			(f) nortization for this year		
42	Amortization	of costs t	hat begi	ns during yo	ur 202) tax ye	ear (see	instruc	ctions):							
43	Amortization	of costs t	hat bega	ın before vo	ur 2020) tax ve	ar						43			

44 Total. Add amounts in column (f). See the instructions for where to report .

44