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PUBLIC DISCLOSURE COPY

PRESTI & NAEGELE, LLC 225 WEST 35TH STREET, 5TH FLOOR NEW YORK, NY 10001 212-736-0055

MAY 2, 2023

SUNMOON JANG COMMUNITAS AMERICA, INC. 1460 BROADWAY NO. 5031 NEW YORK, NY 10036

DEAR SUNMOON,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2020 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2020 FORM 990

2020 NEW YORK FORM CHAR500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

SINCERELY,

ANNEMARIE AGUANNO, CPA

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2020

Prepared for	SUNMOON JANG COMMUNITAS AMERICA, INC. 1460 BROADWAY NO. 5031 NEW YORK, NY 10036
Prepared by	PRESTI & NAEGELE LLC 225 WEST 35TH STREET, 5TH FLOOR NEW YORK, NY 10001
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

COMMUNITAS AMERICA, INC. 1460 BROADWAY, NO. 5031 NEW YORK, NY 10036

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

HalalahilihaanIIII...IlaanIdhahilial

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see ins	tructions.		Taxpaye	identificatio	n number (TIN)
print	COMMUNITAS AMERICA, INC.				82-48	88932
File by th due date filing you	for Number, street, and room or suite no. If a P.O. box	, see instruc	tions.		02 40	00002
return. Se instructio		a foreign add	ress, see instructions.			
Enter t	he Return Code for the return that this application is for	(file a separa	te application for each return)			01
Applic	ation	Return	Application			Return
Is For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above) COMMUNITAS AM	06	Form 8870			12
Tele • If th • If th box • 1 I t 2 I	books are in the care of ▶ 1460 BROADWAY phone No. ▶ 917-838-6081 e organization does not have an office or place of busin is is for a Group Return, enter the organization's four dig 	ess in the Ur git Group Exe and atta NOVEI organization's , an s, check reas	Fax No. ►	f this is fo all memb	r the whole g ers the exter npt organizat	nsion is for.
	in nonrefundable credits. See instructions.	20, 01 0009,	enter the tentative tax, less	3a	\$	0.
-	f this application is for Forms 990-PF, 990-T, 4720, or 60	69, enter an	y refundable credits and			
	stimated tax payments made. Include any prior year ov			3b	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your		· · · ·			
L	ising EFTPS (Electronic Federal Tax Payment System).	See instructio	ons.	3c	\$	0.
Cautio instruc	n: If you are going to make an electronic funds withdrav tions.	val (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	9-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notic	e, see instr	uctions.		Form 8	868 (Rev. 1-2020)

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 47-04-83

			n
Form	1	J	U
	-	-	-

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax 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. ► Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or the	and a contrast year, or tax year beginning and and a	enaing	_	
B c a	heck if	c Name of organization		D Employer identifie	cation number
X	Addres	COMMUNITAS AMERICA, INC.			
	Name Change			82-48889	32
	Initial return		Room/suite	E Telephone number	
	Final return/		5031	917-838-	
	termin- ated			G Gross receipts \$	1,263,423.
	Ameno	NEW TORK, NI 10050		H(a) Is this a group re	
	Application			for subordinates	? 🗌 Yes I 🗴 No
	pendin	1460 BROADWAY, SUITE 5031, NEW YORK, N	Y 100	H(b) Are all subordinates in	cluded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
-		e: NWW.COMMUNITASAMERICA.ORG		H(c) Group exemption	n number 🕨
ΚF	orm of	organization: 🔀 Corporation 🔄 Trust 🦲 Association 📃 Other 🕨	L Year	of formation: 2018 N	State of legal domicile: DE
Pa		Summary			
e	1	Briefly describe the organization's mission or most significant activities: $rac{ ext{THE}}{ ext{c}}$	ORGANI	ZATION IS I	NVESTING IN
anc		AND EMPOWERING LOCAL CHANGEMAKERS, SOCIAI	L ENTR	EPRENEURS A	ND
Governance	2	Check this box $ig>$ if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			4
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ $.		4	4
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	0
iviti	6	Total number of volunteers (estimate if necessary)			0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		536,914.	1,256,010.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		288.	671.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,904.	6,742.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		552,106.	1,263,423.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		75,000.	38,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		266,655.	439,329.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ad x	b	Total fundraising expenses (Part IX, column (D), line 25)	28.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		131,273.	88,924.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		472,928.	566,253.
	19	Revenue less expenses. Subtract line 18 from line 12		79,178.	697,170.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		479,104.	1,188,055.
t As id B	21	Total liabilities (Part X, line 26)		29,022.	40,803.
		Net assets or fund balances. Subtract line 21 from line 20		450,082.	1,147,252.
Pa	rt II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign		Signature of officer	-					Date	
Here	Ń			CHIEF	EXECUTIVE	OFFICER			
		Type or print name			1		Data		
	Prin	it/Type preparer's nai	me		Preparer's signature		Date	Check	PTIN
Paid		NEMARIE A			ANNEMARIE	AGUANNO,	C05/02		P00734346
Preparer		n's name 🍗 PRI						Firm's EIN ▶ 11	-2965470
Use Only	Firn	n's address ⊾ 22!	5 WEST	35TH S1	TREET, 5TH	FLOOR			
			W YORK,					Phone no. $212-$	736-0055
May the I	RS d	iscuss this return v	with the prepa	rer shown ab	ove? See instruction	າຣ			X Yes No
032001 12-2	23-20	LHA For Pape	rwork Reduct	tion Act Noti	ice, see the separa	te instructions.			Form 990 (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

_	1990 (2020) COMMUNITAS AMERICA, INC. 82-4888932 Pa
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE ORGANIZATION IS A SOCIAL IMPACT FIRM AND WAS ORGANIZED TO SUPPORT
	INDIVIDUALS AND BUSINESSES TACKLING SOCIAL AND ECONOMIC ISSUES. THE
	ORGANIZATION BUILDS SUSTAINABLE COMMUNITIES BY SUPPORTING LOCAL
	CHANGEMAKERS WHO CREATE INNOVATIVE SOLUTIONS TO SOLVE SOCIAL PROBLEMS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$405,758 • including grants of \$38,000 •) (Revenue \$]
ча	THE ORGANIZATION IS A SOCIAL IMPACT FIRM AND WAS ORGANIZED TO SUPPORT
	INDIVIDUALS AND BUSINESSES TACKLING SOCIAL AND ECONOMIC ISSUES. THE
	ORGANIZATION BUILDS SUSTAINABLE COMMUNITIES BY SUPPORTING LOCAL
	CHANGEMAKERS WHO CREATE INNOVATIVE SOLUTIONS TO SOLVE SOCIAL PROBLEMS
	IN UNDER-RESOURCED COMMUNITIES IN THE TRI-STATE AREA.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4d	(Expenses \$ including grants of \$) (Revenue \$)
4d 4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 405,758.
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 405,758. Form 990 (2)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 405,758.

Form 990 (2020)

COMMUNITAS AMERICA, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	1
_	If "Yes," complete Schedule A	1	X	└───
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
5	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<u> </u>
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Δ	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	21	<u> </u>
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l I
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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		v	1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
032003	3 12-23-20	Form	990	(2020)

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5

Form 990 (COMMUNITAS		INC
Part IV	Checkli	st of Required Schedul	es (continued)	

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			x
h	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
	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? <i>If "Yes," complete Schedule L, Part I</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%			<u>-</u> -
	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	07		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV	28a	x	
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
15 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	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 related organization?	555		
	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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4	Enter the number reported in Roy 2 of Form 1006. Enter 0, if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a4Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
32004	(gambing) winnings to ph₂e winners.		990	(2020
	6			·
10	502 758202 A11263 2020.06000 COMMUNITAS AMERICA, INC.	A11	126	3_2

020)	COMMUNITAS	AMERICA,	INC.
Statements F	Regarding Other I	RS 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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		x
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f g	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 life of our boss as required \dots .	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/		
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

Form 990 (2020)

Part V

Form 990 (2020)

COMMUNITAS AMERICA, INC.

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

Χ

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

			Yes	1
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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.			
	Enter the number of voting members included on line 1a, above, who are independent 1b	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ľ
2	officer, director, trustee, or key employee?	2		┢
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		
4	of officers, directors, trustees, or key employees to a management company or other person?	4		┢
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		┢
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		t
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		t
10	more members of the governing body?	7a		l
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		t
Ň	persons other than the governing body?	7b		l
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		t
		8a	x	ľ
a b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 55	<u> </u>	t
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		l
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	T
0a	Did the organization have local chapters, branches, or affiliates?	10a		t
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			t
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		l
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	t
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			t
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	I
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	t
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		
3	Did the organization have a written whistleblower policy?	13	Х	t
4	Did the organization have a written document retention and destruction policy?	14		t
5	Did the process for determining compensation of the following persons include a review and approval by independent			t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l
а	The organization's CEO, Executive Director, or top management official	15a		I
	Other officers or key employees of the organization	15b		t
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			T
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			I
	taxable entity during the year?	16a		I
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			T
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			l
	exempt status with respect to such arrangements?	16b		I
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	/) avai	la
	for public inspection. Indicate how you made these available. Check all that apply.			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	COMMUNITAS AMERICA, INC 917-838-6081			
	1460 BROADWAY, SUITE 5031, NEW YORK, NY 10036			-
32006	1400 BROADWAI, SUITE SUSI, NEW YORK, NY 10030	Form	1 990	(

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	d
	mployees, 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.

т

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

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

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

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

(A)	(B)			_ (((ز			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	box offi	, unle cer ar	ss pe Id a d	rson irecto	is bot pr/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for related	Individual trustee or director	66			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	Institutional trustee		yee	mpen		(00-2/1099-00130)		organization and related
	below	id ual 1	ution	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	High empl	Former			-
(1) KYUNGSUN CHUNG	10.00									
PRESIDENT				Х				0.	0.	0.
(2) WILLIAM THOMAS	1.00									
BOARD MEMBER		X						0.	0.	0.
(3) YOLANDA SEALEY-RUIZ	1.00								_	_
BOARD MEMBER		X						0.	0.	0.
(4) MALCOM GLENN	1.00									
BOARD MEMBER		X						0.	0.	0.
		4								
						-				
		-								
		\vdash	\vdash	-						
		1								
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	990 (2020) COMMUNITZ	AS AMERI	E C Z	Α,	IN	1C '	•			82-48	889	932	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees,	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average		not cl		ition more	than o		(D) Reportable	(E) Reportable			(F) timate	
		hours per week (list any hours for related organizations below line)				irecto	Highest compensated signal and si		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC		com fr orga	ount other pensa om the anizati d relate	tion e ion ed
1h	Subtotal								0.		0.			0.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but no compensation from the organization							no re	eceived more than \$100	0,000 of reportable	;			0
3	Did the organization list any former officer,	director, trust	ee. k	(ev e	empl	love	e. or	hia	hest compensated emr	blovee on	1		Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	uch individual										3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4		X
	rendered to the organization? <i>If "Yes," com</i>	-				-			-			5		Х
1	Complete this table for your five highest con the organization. Report compensation for t	-									pensa	ation f	rom	
	(A) Name and business			ONE					(B) Description of s		С	(C omper	;) nsatio	n
								_						
								_						
								+						
								+						
2	Total number of independent contractors (in	e e	ot li	mite	d to		~	sted	l above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				()					Form	9 90 (2	2020)

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			2020) COMMUNITAS AM	ERICA, I	INC.		82-4888	932 Page 9
Pa	rt \	/						
			Check if Schedule O contains a response	or note to any li	ne in this Part VIII (A)	(B)	(C)	<u> </u>
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
iran oun	-		Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c					
Gift lar ,			Related organizations 1d					
imi		е	Government grants (contributions)					
er S		f	All other contributions, gifts, grants, and					
<u>Ş</u>				256,010.	-			
nd		-	Noncash contributions included in lines 1a-1f		1 256 010			
<u>a</u> C		h	Total. Add lines 1a-1f	1	1,256,010.			
•		_		Business Code				
Program Service Revenue	2	a h						
Ser		b c						
		d						
Be		e						
Pre		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
			other similar amounts)	►	671.			671.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal	-			
	6		Gross rents 6a		-			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c	L				
	7		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	'	a	assets other than inventory 7a		-			
		b	Less: cost or other basis		1			
ne		~	and sales expenses 7b					
venue		с	Gain or (loss) 7c					
Re			Net gain or (loss)	>				
Other	8		Gross income from fundraising events (not					
đ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18		_			
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	····· ►				
	9	а	Gross income from gaming activities. See					
		L	Part IV, line 19 9a Less: direct expenses 9b		-			
			Less: direct expenses 9b Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
	10	u	and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
s				Business Code				
e	11	а	FORFEITED LEASE DEPOSI	900099	5,100.			
lane		b	CREDIT CARD REWARDS	900099	1,642.	1,642.		
Miscellaneous Revenue		с						
Nis			All other revenue	L				
			Total. Add lines 11a-11d		6,742.	6,742.	0.	671.
	12		Total revenue. See instructions	🕨	1,263,423.	0,/42.		Form 990 (2020)
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COMMUNITAS AMERICA, INC. Part IX Statement of Functional Expenses

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

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			general expenses	0.1000
	and domestic governments. See Part IV, line 21	38,000.	38,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above to disgualified				
Č	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	355,337.	262,873.	24,967.	67,497
, 8	Pension plan accruals and contributions (include		,,,,,		.,.,
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	54,284.	40,159.	3,814.	10,311
_		29,708.	21,977.	2,087.	5,644
0	Payroll taxes	25,700.	21,577.	2,007.	5,044
1	Fees for services (nonemployees):				
a	F	19,950.	2,562.	17,388.	
b		19,568.	2,502.	17,055.	
с		19,000	2,515.	17,055.	
d	, , , , , , , , , , , , , , , , , , ,				
е	° / –				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	E 4 E		E 4 E	
	column (A) amount, list line 11g expenses on Sch 0.)	545.		545.	
2	Advertising and promotion	4,125.	2,665.	1,460.	
3	Office expenses	2,511.	689.	1,822.	
4	Information technology				
5	Royalties	4 9 9 9 5	10.000		
6	Occupancy	13,835.	10,238.	968.	2,629
7	Travel	807.	479.	328.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	4,674.	4,158.	516.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PAYROLL PROCESSING FEES	11,303.	8,362.	794.	2,147
b	SUBSIDIES	3,600.	3,600.		
с	MISCELLANEOUS	2,439.	2,439.		
d	TELEPHONE & INTERNET	2,354.	2,007.	347.	
e		3,213.	3,037.	176.	
5	Total functional expenses. Add lines 1 through 24e	566,253.	405,758.	72,267.	88,228
6	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				

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Schedule O	contains a	response	or note t	to any	line in	this	Part >

		Check if Schedule O contains a response or note to any line in this Part >	<		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	469,204.	1	1,176,105.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	6		
		controlled entity or family member of any of these persons		5	
	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)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	9,900.	15	11,950.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,188,055.
	17	Accounts payable and accrued expenses	20,914.	17	19,450.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
oilit		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	8,108.		21 252
		of Schedule D			21,353. 40,803.
	26	Total liabilities. Add lines 17 through 25		26	40,003.
S		Organizations that follow FASB ASC 958, check here X			
u C	07	and complete lines 27, 28, 32, and 33.	450,082.	07	1,147,252.
3ale	27	Net assets without donor restrictions		27	1,147,2320
Б	28	Net assets with donor restrictions		28	
Fur		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances	20	and complete lines 29 through 33.		20	
ets	29	Capital stock or trust principal, or current funds		29 30	
Ass	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
let /	31	Retained earnings, endowment, accumulated income, or other funds		31	1,147,252.
z	32	Total net assets or fund balances		32	1,188,055.
	33	Totar hadninges and het assets/fund dalances		აა	<u> </u>

Form **990** (2020)

COMMUNITAS AMERICA, INC. Part X Balance Sheet

Form	990 (2020) COMMUNITAS AMERICA, INC.	82-488	8932	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,423
2	Total expenses (must equal Part IX, column (A), line 25)	2	566	5,253
3	Revenue less expenses. Subtract line 2 from line 1	3		170,
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	450),082.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	1,147	,252
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		. 3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Form	200 (2020

Form **990** (2020)

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SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ

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

	OMB No. 1545-0047
	2020
	Open to Public Inspection
Employer	identification number

Name of the organization

		UNITAS AME						2-4888932
Part I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The orga 1 2 3 4	 anization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 							
5	An organization operated for section 170(b)(1)(A)(iv). (C	Complete Part II.)					nit descrik	ped in
7 X 8 9	 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(vix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 							
10	An organization that norma activities related to its exer income and unrelated busi See section 509(a)(2). (Co	npt functions, subjec ness taxable income	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of i	ts support	from gross investment
11	1		ively to test for public sa	fetv. See (section 50)9(a)(4)		
12 a [b [c [d [more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 							
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
e	Check this box if the orga functionally integrated, o					а Туре I, Туре	II, Type III	
f En	ter the number of supported of	organizations						
g Pr	ovide the following information			() Is the same				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	ng document?	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)
Total								

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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						
Caler	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.")			120,000.	46,914.	31,010.	197,924.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			120,000.	46,914.	31,010.	197,924.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						197,924.
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020 31,010.	(f) Total
7	Amounts from line 4			120,000.	46,914.	31,010.	197,924.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			87.	288.	671.	1,046.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						198,970.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section &	501(c)(3)	
	organization, check this box and stor						X
-	tion C. Computation of Publ		-				
	Public support percentage for 2020 (14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the o				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				▶∟
	33 1/3% support test - 2019. If the o						nis box
	and stop here. The organization qual						▶∟
	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-		
	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization	n did not check a	hav an line 12 16	a 166 17a ar 17h	hook this how a	nd and instruction	

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 COMMUNITAS AMERICA, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	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							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support			•				
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6							
l0a	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							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)	(3) organizati	ion,
14	rist 5 years. If the Form 990 is for th							
	check this box and stop here							
	-							
Sec	check this box and stop here	ic Support Pe	rcentage			15		····· 🕨 🛄
Sec 15 16	check this box and stop here tion C. Computation of Publ Public support percentage for 2020 (I Public support percentage from 2019	ic Support Pe ine 8, column (f), c Schedule A, Part	rcentage divided by line 13, III, line 15	column (f))				9 9
Sec 15 16	check this box and stop here tion C. Computation of Publ Public support percentage for 2020 (I	ic Support Pe ine 8, column (f), c Schedule A, Part	rcentage divided by line 13, III, line 15	column (f))		15 16		
Sec 15 16 Sec 17	check this box and stop here tion C. Computation of Publ Public support percentage for 2020 (I Public support percentage from 2019 tion D. Computation of Invest Investment income percentage for 20	ic Support Pe ine 8, column (f), c Schedule A, Part Stment Incom 20 (line 10c, colur	rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by l	column (f))		15 16 17		9 9
Sec 15 16 Sec 17 18	check this box and stop here tion C. Computation of Publ Public support percentage for 2020 (I Public support percentage from 2019 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 20	ic Support Pe ine 8, column (f), c Schedule A, Part stment Incom 20 (line 10c, colur 2019 Schedule A,	rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by l Part III, line 17	column (f))		15 16 17 18		9 9 9
Sec 15 16 Sec 17 18	check this box and stop here tion C. Computation of Public Public support percentage for 2020 (I Public support percentage from 2019 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2020. If the	ic Support Pe ine 8, column (f), c Schedule A, Part stment Incom 20 (line 10c, colur 2019 Schedule A, organization did r	rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by l Part III, line 17 not check the box	column (f)) ine 13, column (f)) on line 14, and line	9 15 is more than 3	15 16 17 18 3 1/39	%, and line 1	9 9 9
Sec 15 16 Sec 17 18	check this box and stop here tion C. Computation of Publ Public support percentage for 2020 (I Public support percentage from 2019 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2020. If the more than 33 1/3%, check this box and	ic Support Pe ine 8, column (f), o Schedule A, Part stment Incom 20 (line 10c, colur 2019 Schedule A, organization did r nd stop here. The	rcentage divided by line 13, III, line 15 Percentage mn (f), divided by l Part III, line 17 not check the box organization qual	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than 3 upported organiza	15 16 17 18 3 1/39 tion		9 9 17 is not ►
Sec 15 16 Sec 17 18 19a	check this box and stop here tion C. Computation of Publ Public support percentage for 2020 (I Public support percentage from 2019 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2020. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the	ine 8, column (f), or Schedule A, Part Stment Incom 20 (line 10c, colur 2019 Schedule A, organization did r nd stop here. The organization did r	rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by l Part III, line 17 not check the box organization qual not check a box or	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a	9 15 is more than 3 upported organiza 1, and line 16 is mo	15 16 17 18 3 1/39 tion ore that	ın 33 1/3%, a	9 9 17 is not and
Sec 15 16 17 18 19a b	check this box and stop here tion C. Computation of Public Public support percentage for 2020 (I Public support percentage from 2019 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2020. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, check	ic Support Pe ine 8, column (f), o Schedule A, Part stment Incom 20 (line 10c, colur 2019 Schedule A, organization did r nd stop here. The organization did r ck this box and st	Arcentage divided by line 13, <u>III, line 15</u> e Percentage mn (f), divided by I Part III, line 17 not check the box organization qual not check a box or cop here. The organization	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	9 15 is more than 3 upported organiza a, and line 16 is mo is a publicly suppo	15 16 17 18 33 1/39 tion ore that orted c	n 33 1/3%, a	9 9 9 17 is not and ►□
Sec 15 16 Sec 17 18 19a b 20	check this box and stop here tion C. Computation of Publ Public support percentage for 2020 (I Public support percentage from 2019 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2020. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the	ic Support Pe ine 8, column (f), o Schedule A, Part stment Incom 20 (line 10c, colur 2019 Schedule A, organization did r nd stop here. The organization did r ck this box and st	Arcentage divided by line 13, <u>III, line 15</u> e Percentage mn (f), divided by I Part III, line 17 not check the box organization qual not check a box or cop here. The organization	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza a, and line 16 is mo is a publicly suppo his box and see ins	15 16 17 18 3 1/39 tion ore that orted contraction	n 33 1/3%, a organization ons	9 9 9 17 is not and ►

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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18

Part IV Supporting Organizations (continued)

1

2

			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		
b	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		
Sec	tion 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)			

	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.

effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported

Section C. Type II Supporting Organizations	

		_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	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	yeat	see instruction	ns).

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

с		The organization supported a	governmental entity	. Describe in Part VI how	you supported a governm	ental entity (see instructions).
---	--	------------------------------	---------------------	---------------------------	-------------------------	----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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19

2a

2b

За

3b

No

Yes

Schedule A (Form 990 or 990-EZ) 2020 COMMUNITAS AMERICA, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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	1 a		
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		
e 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functiona	Illy integrat	ed Type III supporting org	anization (see

instructions).

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	<u>ied)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe				
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	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				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

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032027 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 COMM	UNTLAS	AMERICA	, INC.			888932 Pa
	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and	4b, 4c, 5a, 6 3; Part IV, S	6, 9a, 9b, 9c, 11 Section E, lines	la, 11b, and 11c; Part 1c, 2a, 2b, 3a, and 3b	IV, Section B, line ; Part V, line 1; Pa	es 1 and 2; Pa .rt V, Section E	rt IV, Section C, 3, line 1e; Part V
	Section D, lines 5, 6, and 8; and Par (See instructions.)	t V, Section	E, lines 2, 5, an	d 6. Also complete thi	s part for any add	itional informa	ition.
32028 01-25-2	1				Sche	dule A (Form	990 or 990-EZ)
				22		•	_,

Schedule B

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

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

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

82-4888932	

COMMUNITAS A	MERICA	TNC.

0	
Filers of:	Section:
Form 990 or 990-EZ	X 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

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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).

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

Name of organization

82-4888932

COMMUNITAS AMERICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 1,250,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	5-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

2020.06000 COMMUNITAS AMERICA, INC. A11263_2

24

Name of organization

Employer identification number

A11263_2

82 - 4888932

COMMUNITAS AMERICA, INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom 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
		 \$	

25 2020.06000 COMMUNITAS AMERICA, INC.

Page 4

Name of or	ganization		Employer identification number
COMMUN	NITAS AMERICA, INC.		82-4888932
Part III	Exclusively religious, charitable, etc., contributor	a) through (e) and the following line ent , charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	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
-	Transferee's name, address, a	(e) Transfer of gift	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			
-	Transferee's name, address, a	(e) Transfer of gift	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
 -			
	Transferee's name, address, a 	and ZIP + 4	Relationship of transferor to transferee
023454 11-25-	-20	26	Schedule B (Form 990, 990-EZ, or 990-PF) (2020

09410502 758202 A11263

2020.06000 COMMUNITAS AMERICA, INC. A11263_2

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.



Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITAS AMERICA, INC.

Employer identification number 82 - 4888932

		(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 adviso	ors in writing that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization	tion's exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and do	onor advisors in writing that grant funds can b	be used only
	for charitable purposes and not for the benefit of the do	onor or donor advisor, or for any other purpos	se conferring
			Yes
'aı	t II Conservation Easements. Complete if the	-), Part IV, line 7.
1	Purpose(s) of conservation easements held by the orga		
	Preservation of land for public use (for example, r		of a historically important land area
	Protection of natural habitat		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 for	
	day of the tax year.		Held at the End of the Tax
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified histo		
d	Number of conservation easements included in (c) acqu		
_	listed in the National Register		
3	Number of conservation easements modified, transferre	ed, released, extinguished, or terminated by t	the organization during the tax
_	year		
1	Number of states where property subject to conservation		_
5	Does the organization have a written policy regarding the		
	violations, and enforcement of the conservation easem		
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	, handling of violations, and enforcing conser	vation easements during the year
_	► \$		
3	Does each conservation easement reported on line 2(d)		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports cons		
	balance sheet, and include, if applicable, the text of the	e footnote to the organization's financial state	ements that describes the
)]	organization's accounting for conservation easements. t III Organizations Maintaining Collection	ns of Art Historical Treasures or	Other Similar Assets
a	Complete if the organization answered "Yes" on		other omnar Assets.
12	If the organization elected, as permitted under FASB AS		t and balance sheet works
ľ	of art, historical treasures, or other similar assets held for	, ,	
	service, provide in Part XIII the text of the footnote to it:		•
h	If the organization elected, as permitted under FASB AS		
b	art, historical treasures, or other similar assets held for		
	provide the following amounts relating to these items:	public exhibition, equeation, or research in tu	
			¢
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historic	cal traceuras or other similar assets for financ	
>	-		oral gain, provide
2	the following amounts required to be reported under FA	-	► ¢
			• *
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$
a b IA	Assets included in Form 990, Part X		
a b łA	Assets included in Form 990, Part X		> \$

		TAS AMERIC						82-48			age 2
Pa	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, or O	ther a	Simil	ar Asse	ts (conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following that ma	ke sign	iificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange program						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c							ose in Par	t XIII.		
5	During the year, did the organization solicit of		-						7.		٦
Da	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran								Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered "Yes	" on Fo	rm 990	J, Part IV,	line 9, o	r	
10	Is the organization an agent, trustee, custod		lian for (contribution	e or other assets	not inc	ludod				
Ia	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							······ ـــــ		L	
			nowing a	4610.					Amoun	t	
с	Beginning balance						1c		,	-	
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	kplanatio	n has been	provided on Part	XIII					
Pa	t V Endowment Funds. Complete i	if the organization an	swered	"Yes" on Fo	orm 990, Part IV, l	ine 10.					
		(a) Current year	(b) Pi	rior year	(c) Two years bad	k (d)	Three	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance Provide the estimated percentage of the cur	rent veer and belong									
2 a	Board designated or guasi-endowment	rent year end baland	e (inte Tç %	y, column (a	a)) heid as.						
a b	Permanent endowment	%									
c		%									
Ŭ	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	•	ation tha	t are held a	nd administered f	or the	organi	zation			
	by:	5					0			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Se	chedule R?					3b		
	Describe in Part XIII the intended uses of the		wment f	unds.							
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	, line 11a. S	See Form 990, Pa	rt X, line	e 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis) Accu depre			(d) Boo	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other		, .								
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	nn (B), line 1	UC.)				D /Farm		0.

Schedule D (Form 990) 2020

032052 12-01-20

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CREDIT CARD PAYABLE	3,649.
(3) ACCRUED VACATION	15,578.
(4) DEFERRED RENT	2,126.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 21,353.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

032053 12-01-20

Schedule D (Form 990) 2020 COMMUNITAS AMERICA, IN	С.	82-4	4888932 Page 4
Part XI Reconciliation of Revenue per Audited Financial St	atements With Rever		
Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1 Total revenue, gains, and other support per audited financial statements			1,263,423.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1			1,263,423.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b			0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			1,263,423.
Part XII Reconciliation of Expenses per Audited Financial S	•	nses per Retu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.	,,	
1 Total expenses and losses per audited financial statements		1	566,253.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1			566,253.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		_
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	566,253.
Part XIII Supplemental Information.	10.)	•	500,255.

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

PART X, LINE 2:

THERE ARJ	E NO	UNCERTAIN	TAX	POSITIONS	TAKEN	OR	EXPECTED	то	ΒE	TAKEN	THAT
-----------	------	-----------	-----	-----------	-------	----	----------	----	----	-------	------

WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) IN THE FINANCIAL

STATEMENTS.

032054 12-01-20

Schedule D (Form 990) 2020

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.											
		Go to www.in	s.gov/Form990 to	r the latest infori	mation.							
Name of the organization	S AMERICA	, INC.					Employer identification number $82 - 4888932$					
Part I General Information on Grants a		•										
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?						tion X Yes No					
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990 Par	t IV line 21 for any					
				1 0								
1 (a) Name and address of organization or government												
MTHEORY101, LLC 2161 BARNES AVE, APT 5F BRONX, NY 10462	27-3864657		10,000.	0.	FMV		GRANT TO WINNER FROM COMMUNITAS VENTURES PROGRAM					
VADER NANOTECHNOLOGIES INC 132 32ND STREET, SUITE 108 BROOKLYN, NY 11232	84-1861226		3,000.	0.	FMV		GRANT TO WINNER FROM COMMUNITAS VENTURES PROGRAM					
MIZZ P. POST - SECONDARY SUCCESS CONSULTING, LLC - 1530 TOWNSEN AVENUE, APT 1J - BRONX, NY 10452	47-4299596		5,000.	0.	FMV		GRANT TO WINNER FROM COMMUNITAS VENTURES PROGRAM					
BALLROOM CONNECTION LLC DBA SILVER SHOES DANCE CLUB - 6300 RIVERDALE AVE, APT 3H - BRONX, NY 10471	85-1481772		10,000.	0.	FMV		GRANT TO WINNER FROM COMMUNITAS VENTURES PROGRAM					
HYDRONOMY INC 12113 MAGAZINE STREET, APT 13202 ORLANDO, FL 32828	84-4220659		10,000.	0.	FMV		GRANT TO WINNER FROM COMMUNITAS VENTURES PROGRAM					
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table				│ 					

3 Enter total number of other organizations listed in the line 1 table

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

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 noncash assistance

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:

THE GRANTEE WILL PROVIDE QUARTERLY REPORTS, BLOG POSTS, AND BUDGET TO

ACTUAL FINANCIAL REPORTS.

SCHEDULE L	Т	ransactior	ıs V	Vith	Int	erested	Ρ	ersons			O	//B No.	1545-00)47	
(Form 990 or 990-EZ) ► (Complete if t	he organization an 28b. or 28c. (Form 990, Par art V, line 38a			26, 27	, 28a,		2	02	0	
Department of the Treasury	•	Atta	ach to	Form	990 oı	r Form 990-EZ	Ζ.				-	pen T		lic	
Internal Revenue Service Name of the organization	► Go	to www.irs.gov/Form990 for instructions and the latest information.										Inspection identification number			
-	COMMUNI	TAS AMERIC	CA.	INC							889		on ne		
		actions (section 5				1(c)(4), and se	ectio	on 501(c)(29) orga							
Complete if the	organization a	answered "Yes" on	Form 9	990, Pa	art IV,	line 25a or 25t	o, oi	r Form 990-EZ, P	art V,	line 40	Db.				
1 (a) Name of disqualified	(b) Relationship between disqualified (c) Description of transaction									1	cted?				
		person and organization (C) Description of transaction							Y	es	No				
2 Enter the amount of tax										•					
section 4958 3 Enter the amount of tax,	if any on line	e 2 above reimburg	sed by	the or	maniza	ation				► ⊅ ► \$					
	, ir arry, orr into	2, above, reimbure	Sed by		ganze					v					
Part II Loans to an	d/or From	Interested Per	sons	-											
	-	answered "Yes" on			Z, Part	V, line 38a or l	Forn	n 990, Part IV, lir	ie 26;	or if th	ne orga	anizati	on		
		990, Part X, line 5, 0		2. an to or							(h) An	oroved		/	
(a) Name of interested person	(b) Relations with organiza		fron	n the		e) Original cipal amount	(f	i) Balance due) In ault?	(h) Approved by board or committee?		agree	(i) Written greement?	
			organization?		· ·					No	Yes	No	Yes	No	
				110111					Yes		103		103		
Total						> \$									
		Benefiting Inte													
· · · ·	<u> </u>	answered "Yes" on			<u> </u>			(a) Ture a	~ f		1-				
(a) Name of Interested	(a) Name of interested person interested person the organiza		son an	son and assistance		(d) Type of assistance			(e) Purpose of assistance			T			
										-+					
										+					
					1										
LHA For Paperwork Reduc	tion Act Noti	ice, see the Instruc	ctions	for Fo	rm 99	0 or 990-EZ.		Sch	edule	L (Fo	rm 990) or 99	90-EZ	.) 2020	

Schedule L (Form 990 or 990-EZ) 2020

Schedule L (Form 990 or 990-EZ) 2020 C	COMMUNITAS	AMERICA,	INC.
----------------------------------------	------------	----------	------

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person		(b) Relationship between interested person and the organization		(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
							Yes	No
MOON YOON CHUNG	FATHER	OF	CHIEF	EXE	1,250,000.	CASH DONATI		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MOON YOON CHUNG

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FATHER OF CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, KYUNGSUN CHUNG

(D) DESCRIPTION OF TRANSACTION: CASH DONATION MADE DURING THE YEAR.

Schedule L (Form 990 or 990-EZ) 2020

09410502 758202 A11263

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.



82-4888932

COMMUNITAS AMERICA, INC.

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

GRASS-ROOT LEADERS TO ENACT POSITIVE CHANGES THROUGH SOCIAL INNOVATION,

LEADERSHIP DEVELOPMENT AND CREATION OF AN IMPACT ECOSYSTEM WITHIN THEIR

OWN COMMUNITIES. THE ORGANIZATION IS PROVIDING IMPACT PROGRAMMING SUCH

AS CO-LIVING RESIDENCES, CO-WORKING SPACES, A SOCIAL IMPACT ACCELERATOR

AND OTHER ENTREPRENEURIAL LEARNING OPPORTUNITIES FOR LOCAL

CHANGEMAKERS.

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

IN UNDER-RESOURCED COMMUNITIES IN THE TRI-STATE AREA.

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

THE FORM 990 HAS BEEN REVIEWED BY THE FINANCE COMMITTEE PRIOR TO THE

FILING. THE FINAL FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS AT THE

SCHEDULED NEXT BOARD MEETING WHERE IT IS REVIEWED BY ALL THE BOARD MEMBERS.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC.

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

Schedule O (Form 990 or 990-EZ) 2020

09410502 758202 A11263

2020.06000 COMMUNITAS AMERICA, INC.

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Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

COMMUNITAS AMERICA, INC. 1460 BROADWAY, NO. 5031 NEW YORK, NY 10036

> NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

> > FORM CHAR500

026340 04-01-20

1 09410502 758202 A11263 2020.06000 COMMUNITAS AMERICA, INC. A11263_2

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2020

Prepared for	SUNMOON JANG COMMUNITAS AMERICA, INC. 1460 BROADWAY NO. 5031 NEW YORK, NY 10036
Prepared by	PRESTI & NAEGELE LLC 225 WEST 35TH STREET, 5TH FLOOR NEW YORK, NY 10001
Amount due or refund	BALANCE DUE OF \$275.00
Make check payable to	DEPARTMENT OF LAW
Mail tax return and check (if applicable) to	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). NEW YORK FORM CHAR500 REPORTS SHOULD ALSO BE FILED WITH THE DEPARTMENT OF STATE VIA THE WEB AT: HTTPS://MY.NY.GOV/ THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informat	ion					
For Fiscal Year Beginning	g (mm/dd/yyy	y) 01/01/2	2020 and Ending (r	nm/dd/yyyy) 12/31/2	2020	
Check if Applicable:	Name of Org		RICA, INC.		$\begin{array}{c} \mbox{Employer Identification Number (EIN):} \\ \mbox{82-4888932} \end{array}$	
Name Change Initial Filing	NY Registration Number: $47 - 04 - 83$					
Final Filing	City / State / NEW YC		Telephone: 917 838-6081			
Reg ID Pending	Website:	•	10036 AMERICA.ORG		Email: SJANG@COMMUNITASAME	
Check your organization' registration category:					Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com</u> .	
2. Certification						
See instructions for certif two signatories.	ication require	ements. Improper	certification is a violation	of law that may be subject	to penalties. The certification requires	
					e best of our knowledge and belief,	
they ar	e true, correc	t and complete in	accordance with the laws	of the State of New York a	pplicable to this report.	
President or Authorized	Officer:			KYUNGSUN CH CHIEF EXECU		
		Signature		Print Name SUNMOON JA1		
Chief Financial Officer o	r Treasurer:			FINANCE ANI	D STATEGY	
		Signature		Print Name	and Title Date	
3. Annual Reporting	g Exemptio	on				
					egory (7A or EPTL only filers) or both	
					ed Char500. No fee, schedules, or	
	-	-	an exemption or are a DU	AL filer that claims only on	e exemption, you must file applicable	
schedules and attachme	nts and pay a	ipplicable fees.				
20.7A filir	a avamption:	Total contribution	as from NV Stato including	residents foundations a	overnment agencies, etc. did not	
					raising counsel (FRC) to solicit	
	ons during the	-		· · · ·	.	
	<u> </u>	on: Gross receipts	did not exceed \$25,000 a	and the market value of as	sets did not exceed \$25,000 at any time	
during the	fiscal year.					
1 Cohoduloo and A	ttoohmoni	t a				
4. Schedules and A	llachmen	15				
See the following page for a checklist of	Yes X		ur organization uso a prof	ossional fund raisor, fund r	aising counsel or commercial co-venturer	
schedules and				lf yes, complete Schedule		
attachments to			aloning dotivity in the otato.		, -u.	
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
5. Fee						
See the checklist on the	7 1 5111-	a foo:	EDTL filing foot	Total foc:		
next page to calculate yo	7A filing	y 100.	EPTL filing fee:	Total fee:	Make a single check or money order	
fee(s). Indicate fee(s) you					payable to:	
are submitting here:	\$	25.	\$ <u>250.</u>	\$ <u>275.</u>	"Department of Law"	
CHAR500 Annual Filing fo	r Charitable C	Drganizations (Upd	lated January 2021)			

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

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2020.06000 COMMUNITAS AMERICA, INC.

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COMMUNITAS AMERICA, INC

	Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
CHAR500	- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
Annual Filing Checklist	- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
Annual I ning Oneckist	- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

X Audit Report if you received total revenue and support greater than \$750,000

l No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 or more but less than \$50,000,000 or more but less than \$50,000,000
50,000,000 or more \$1500,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

⁰⁶⁸⁴⁶¹ ⁰¹⁻⁰⁷⁻²¹ 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

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2020.06000 COMMUNITAS AMERICA, INC.

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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 47-04-83

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Form	1	J	U
	-	-	-

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax 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. ► Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or the	and a contrast year, or tax year beginning and and a	enaing	_	
B c a	heck if	c Name of organization		D Employer identifie	cation number
X	Addres	COMMUNITAS AMERICA, INC.			
	Name Change		82-48889	32	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Final return/		5031	917-838-	
	termin- ated			G Gross receipts \$	1,263,423.
	Ameno	NEW TORK, NI 10050		H(a) Is this a group re	
	Application			for subordinates	? 🗌 Yes I 🗴 No
	pendin	1460 BROADWAY, SUITE 5031, NEW YORK, N	Y 100	H(b) Are all subordinates in	cluded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
-		e: NWW.COMMUNITASAMERICA.ORG		H(c) Group exemption	n number 🕨
ΚF	orm of	organization: 🔀 Corporation 🔄 Trust 🦲 Association 📃 Other 🕨	L Year	of formation: 2018 N	State of legal domicile: DE
Pa		Summary			
e	1	Briefly describe the organization's mission or most significant activities: $rac{ ext{THE}}{ ext{c}}$	ORGANI	ZATION IS I	NVESTING IN
anc		AND EMPOWERING LOCAL CHANGEMAKERS, SOCIAI	L ENTR	EPRENEURS A	ND
Governance	2	Check this box $ig>$ if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			4
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ $.			4
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0	
iviti	6	Total number of volunteers (estimate if necessary)			0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		536,914.	1,256,010.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		288.	671.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,904.	6,742.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		552,106.	1,263,423.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		75,000.	38,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		266,655.	439,329.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ad x	b	Total fundraising expenses (Part IX, column (D), line 25)	28.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		131,273.	88,924.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		472,928.	566,253.
	19	Revenue less expenses. Subtract line 18 from line 12		79,178.	697,170.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		479,104.	1,188,055.
t As id B	21	Total liabilities (Part X, line 26)		29,022.	40,803.
		Net assets or fund balances. Subtract line 21 from line 20		450,082.	1,147,252.
Pa	rt II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign		Signature of officer	-					Date	
Here	Ń			CHIEF	EXECUTIVE	OFFICER			
		Type or print name			1		Data		
	Prin	it/Type preparer's nai	me		Preparer's signature		Date	Check	PTIN
Paid		NEMARIE A			ANNEMARIE	AGUANNO,	C05/02		P00734346
Preparer		n's name 🍗 PRI						Firm's EIN ▶ 11	-2965470
Use Only	Firn	n's address ⊾ 22!	5 WEST	35TH S1	TREET, 5TH	FLOOR			
			W YORK,					Phone no. $212-$	736-0055
May the IRS discuss this return with the preparer shown above? See instructions 🛛 🛄 🛛 🚺 🗙									
032001 12-2	32001 12-23-20LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2020)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	OPPO (2020) COMMUNITAS AMERICA, INC.	82-4888932	Page 2						
Pa	rt III Statement of Program Service Accomplishments								
	Check if Schedule O contains a response or note to any line in this Part III		X						
1	Briefly describe the organization's mission: THE ORGANIZATION IS A SOCIAL IMPACT FIRM AND WAS ORG INDIVIDUALS AND BUSINESSES TACKLING SOCIAL AND ECONO		RT						
	ORGANIZATION BUILDS SUSTAINABLE COMMUNITIES BY SUPPO								
	CHANGEMAKERS WHO CREATE INNOVATIVE SOLUTIONS TO SOLV		MC						
			45						
2	Did the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-EZ?		XNo						
•	If "Yes," describe these new services on Schedule O.		XNo						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser								
4	If "Yes," describe these changes on Schedule O.								
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and								
		to others, the total expenses, a	and						
4-	revenue, if any, for each program service reported. (code:) (Expenses \$ 405,758 • including grants of \$ 38,000 •)								
4a	(Code:) (Expenses \$ 405,758. including grants of \$ 38,000.) THE ORGANIZATION IS A SOCIAL IMPACT FIRM AND WAS ORGANIZATION IMPACT		, פידייייייייייייייייייייייייייייייייייי						
	INDIVIDUALS AND BUSINESSES TACKLING SOCIAL AND ECONO								
	ORGANIZATION BUILDS SUSTAINABLE COMMUNITIES BY SUPPO								
	CHANGEMAKERS WHO CREATE INNOVATIVE SOLUTIONS TO SOLV		MS						
	IN UNDER-RESOURCED COMMUNITIES IN THE TRI-STATE AREA								
		•							
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)						
		(1010100 +							
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)						
4d	Other program services (Describe on Schedule O.)								
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 405,758.)							
<u>4e</u>	Total program service expenses ► 405,758.	 	90 (2020)						
00000		Form 93	20 (2020)						
03200	2 12-23-20								

Form 990 (2020) COMMUNITAS A

COMMUNITAS AMERICA, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 23
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 23
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	-	8		x
9	Schedule D, Part III			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	5		
10	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	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		x
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19 20a	ļ	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
032003				(2020)
002000				(

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2020.06000 COMMUNITAS AMERICA, INC.

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Form 990 (2020)	COMMUNITAS	AMERICA
Part IV	Checklist	t of Required Schedul	es (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		x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				-
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				-
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X	_
D	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 ergenization's prior Forms 000 or 000 E72 /f "Yes " complete				
	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	200			-
_3	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
	instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37	
	"Yes," complete Schedule L, Part IV	28a	X	X	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	A		-
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "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	200		X	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				-
	contributions? If "Yes," complete Schedule M	30		x	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	32		X	
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		X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v	
05 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X	_
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		- 23	-
D D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				-
	If "Yes," complete Schedule R, Part V, line 2	36		X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?				
Dor	Note: All Form 990 filers are required to complete Schedule O	38	Х		-
Par					
	Check if Schedule O contains a response or note to any line in this Part V		Vcc		-
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No	-
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c			
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Form 990	(2020)	COMMUNITAS	AMERICA,	INC.
Part V	Statement	ts Regarding Other I	RS 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 0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	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		Х		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	C -		x		
h	any contributions that were not tax deductible as charitable contributions?	6a		~		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6h				
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b				
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х		
a h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10				
Ŭ	to file Form 8282?	7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
10	amounts due or received from them.)	10				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a				
a	Note: See the instructions for additional information the organization must report on Schedule O.	ıəd				
h	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 13b					
с	Enter the amount of reserves on hand 13c					
14a Did the organization receive any payments for indoor tanning services during the tax year?						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O						
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
excess parachute payment(s) during the year?						
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.					

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COMMUNITAS AMERICA, INC.

X

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

	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		4					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under th								
	of officers, directors, trustees, or key employees to a management company or other person?			3		x			
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X			
6 Did the organization have members or stockholders?									
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	•••		7a		x			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	persons other than the governing body?								
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	-	-	8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R								
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a	1	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such c								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		C						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done			120	;	X			
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14		X			
15	Did the process for determining compensation of the following persons include a review and approv	al by ir	ndependent						
	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 arrange	ment v	vith 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	ate its p	participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	D-T (Section 501(c)	(3)s on	ly) ava	ilable			
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain		,						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, a	ind fin	ancial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks ar	nd records						
	COMMUNITAS AMERICA, INC 917-838-6081								
	1460 BROADWAY, SUITE 5031, NEW YORK, NY 10036			-	001	10000			
032000	5 12-23-20			For	m 99() (2020)			

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensate	d
	Employees, and Independe	ent Contra	ctors					

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

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

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

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

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title Average			Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)					h an	compensation	compensation	amount of
	week		cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dir				ted		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			en sa		(W-2/1099-MISC)		organization
	organizations	l trus	nal tr		oyee	dmo				and related
	below	Individual trustee or director	In stitutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) KYUNGSUN CHUNG	10.00									
PRESIDENT				X				0.	0.	0.
(2) WILLIAM THOMAS	1.00									
BOARD MEMBER		x						0.	0.	0.
(3) YOLANDA SEALEY-RUIZ	1.00									
BOARD MEMBER		x						0.	0.	0.
(4) MALCOM GLENN	1.00							•••		•••
BOARD MEMBER		x						0.	0.	0.
									••	0.
		-	-	-						
			-	<u> </u>						
		1	I	1						

Form 990 (2020)

	990 (2020) COMMUNITZ	AS AMERI	E C Z	Α,	II	1C	•			82-4	388	932	Pa	ige 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per		not c		ition more) than is bot		(D) Reportable compensation	(E) Reportable compensatic			(F) timate	
		week (list any hours for related organizations below line)				irecto	Highest compensated snut/xo employee	tee)	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	l s	com fre orga and	other pensation the anization relate nization	tion e on ed
	Subtotal								0.		0.			0.
d	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n								0.	000 of reported	0.			0.
2	compensation from the organization		lose	iste		0000	e) wr		eceived more than \$100	,000 of reportab	e		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>							-				3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	-				-			-			5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t	-									ipens			
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services	C	(C comper		<u>ו</u>
								-						
2	Total number of independent contractors (ii	U U	ot li	mite	d to		~	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨					0					Form	990 (2	2020)

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			2020) COMMUNITAS AM	IERICA, 1	INC.		82-4888	932 Page 9
Pa	rt \	/						
			Check if Schedule O contains a response	or note to any li	ne in this Part VIII (A)	(B)	(C)	<u> </u>
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
iran oun	-		Membership dues 1b		-			
s, G Ame			Fundraising events 1c		-			
Gift lar ,			Related organizations 1d					
, sc imi		е	Government grants (contributions)					
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and					
<u>Ş</u>				256,010.	<u>.</u>			
nd		-	Noncash contributions included in lines 1a-1f		1 256 010			
<u>a O</u>		h	Total. Add lines 1a-1f	1	1,256,010.			
Ċ,	~	_		Business Code				
Program Service Revenue	2	a b						
Ser		c						
am		d						
ogr		е						
Ъ		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere-					6.54
			other similar amounts)		671.			671.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	(ii) Personal				
	6	_		(ii) Personal	-			
	0		Gross rents 6a Less: rental expenses 6b		-			
			Rental income or (loss) 6c		-			
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a]			
		b	Less: cost or other basis					
venue			and sales expenses 7b		_			
0			Gain or (loss) 7c					
r R	_		Net gain or (loss)	••••••••••••••••••••••••••••••••••••••				
Other	8	а	Gross income from fundraising events (not					
0			including \$ of contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b		-			
			Net income or (loss) from fundraising events	🕨				
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a	1				
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns					
		h	and allowances 10a Less: cost of goods sold 10b		-			
			Less: cost of goods sold					
				Business Code				
Miscellaneous Revenue	11	а	FORFEITED LEASE DEPOSI	900099	5,100.	5,100.		
ane ∍nu(b	CREDIT CARD REWARDS	900099	1,642.	1,642.		
cell ?eve		с						
Mis		d	All other revenue					
			Total. Add lines 11a-11d		6,742.			C 11
	12		Total revenue. See instructions	►	1,263,423.	6,742.	0.	671.
03200	9 12	-23	-20					Form 990 (2020)

COMMUNITAS AMERICA, INC. Part IX Statement of Functional Expenses

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

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	38,000.	38,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	355,337.	262,873.	24,967.	67,497
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	54,284.	40,159.	3,814.	10,311
10	Payroll taxes	29,708.	21,977.	2,087.	5,644
11	Fees for services (nonemployees):	,			
a					
b		19,950.	2,562.	17,388.	
c	• · · · · ·	19,568.	2,513.	17,055.	
d					
e					
f	Investment management fees				
g					
y	column (A) amount, list line 11g expenses on Sch O.)	545.		545.	
12	Advertising and promotion	4,125.	2,665.	1,460.	
12 13		2,511.	689.	1,822.	
	Office expenses	2,311.		1,022.	
14	Information technology				
15	Royalties	13,835.	10,238.	968.	2,629
16		807.	479.	328.	2,025
17	Travel	007.	4/9.	J20•	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4,674.	4,158.	516.	
19	Conferences, conventions, and meetings	4,0/4.	4,130.	J10.	
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	11 202	0.200	704	0 1 / 1
а	PAYROLL PROCESSING FEES	11,303.	8,362.	794.	2,147
b	SUBSIDIES	3,600.	3,600.		
С	MISCELLANEOUS	2,439.	2,439.	<u> </u>	
d	TELEPHONE & INTERNET	2,354.	2,007.	347.	
е	·	3,213.	3,037.	176.	
25	Total functional expenses. Add lines 1 through 24e	566,253.	405,758.	72,267.	88,228
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 Figure if following SOP 98-2 (ASC 958-720)				

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_iabilities

Net Assets or Fund Balances

Assets

Part X Balance Sheet

COMMUNITAS AMERICA, INC.

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

(A) (B) Beginning of year End of year 469,204. 1,176,105. Cash - non-interest-bearing 1 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 11,950. 9,900. Other assets. See Part IV, line 11 15 479,104. 1,188,055. 16 Total assets. Add lines 1 through 15 (must equal line 33) 20,914. 19,450. Accounts payable and accrued expenses 17 Grants payable 18 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25

24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 8,108. 21,353. of Schedule D 29,022. 40,803. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 450,082. 1,147,252. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗋 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 450,082. 1,147,252. Total net assets or fund balances 32 32 479,104. 1,188,055. 33 33 Total liabilities and net assets/fund balances ...

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Pa	Part XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	1 Total revenue (must equal Part VIII, column (A), line 12)	1		3,423.
2	2 Total expenses (must equal Part IX, column (A), line 25)			5,253.
3	3 Revenue less expenses. Subtract line 2 from line 1			7,170.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A	A)) 4	450),082.
5	5 Net unrealized gains (losses) on investments			
6	6 Donated services and use of facilities			
7	7 Investment expenses			
8				
9				0.
10	0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Pa	rt X, line 32,		
	column (B))	10	1,147	7,252.
Pa	Part XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u> </u>
1	5			Yes No
	If the organization changed its method of accounting from a prior year or checked "Ot			
2a	2a Were the organization's financial statements compiled or reviewed by an independent		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year w	ere compiled or reviewed on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and			
b	b Were the organization's financial statements audited by an independent accountant?			X
	If "Yes," check a box below to indicate whether the financial statements for the year w	ere audited on a separate basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and			
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes respon			
	review, or compilation of its financial statements and selection of an independent acco			X
	If the organization changed either its oversight process or selection process during the			
3a	3a As a result of a federal award, was the organization required to undergo an audit or au	•		
	Act and OMB Circular A-133?		3a	X
b	b If "Yes," did the organization undergo the required audit or audits? If the organization			
	or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits		
			Form	990 (2020)

Form **990** (2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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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-FZ

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

	2020					
	Open to Public Inspection					
Employer identification number						

OMB No. 1545-0047

Name of the organization

		COMM	UNITAS AME	RICA, INC.				8	2-4888932
Par	tl	Reason for Public	Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instruction	IS.	
The o 1 [2 [3 [4 [rgan	ization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz city, and state:	urches, or associatic ion 170(b)(1)(A)(ii). (/ hospital service orga	on of churches described Attach Schedule E (Forn anization described in se	d in sectio n 990 or 99 ection 170	90-EZ).) (b)(1)(A)(i i	1)(A)(i). ii).)(iii). Enter	the hospital's name,
5 [6 [An organization operated for section 170(b)(1)(A)(iv). (C A federal, state, or local go	Complete Part II.)					init descrik	bed in
7 [8 [9 [X	An organization that normal section 170(b)(1)(A)(vi). (C A community trust describe An agricultural research orgor or university or a non-land-g university:	Illy receives a substa omplete Part II.) ed in section 170(b)(ganization described	ntial part of its support f (1)(A)(vi). (Complete Par in section 170(b)(1)(A)(rom a gov t II.) ix) operate	ernmental ed in conju	unit or from t inction with a	land-grant	college
10		An organization that norma activities related to its exen income and unrelated busin See section 509(a)(2). (Con	npt functions, subjec ness taxable income	ct to certain exceptions;	and (2) no	more thar	n 33 1/3% of i	ts support	from gross investment
11 [12 [An organization organized a An organization organized a more publicly supported or lines 12a through 12d that	and operated exclusi and operated exclusi ganizations describe	ively for the benefit of, to ed in section 509(a)(1) o	perform t	the functio 509(a)(2).	ons of, or to ca See section 5	509(a)(3). (
a b		 Type I. A supporting orgative supported organization organization. You must organization. You must organization. A supporting org 	on(s) the power to re complete Part IV, Se	gularly appoint or elect a	a majority o	of the dire	ctors or truste	es of the s	supporting
		control or management o organization(s). You mus	t complete Part IV,	Sections A and C.					
с		J Type III functionally interits supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally that is not functionally int requirement (see instruct	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and	°.	
е		Check this box if the orgation functionally integrated, or	r Type III non-functio				а Туре I, Туре	II, Type III	F
		er the number of supported of	•						
g		vide the following information i) Name of supported organization	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of support (see in		(vi) Amount of other support (see instructions)
Total									1

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

Schedule A (Form 990 or 990-EZ) 2020 COMMUNITAS AMERICA, INC.

82-4888932 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ſ					
	include any "unusual grants.")			120,000.	46,914.	31,010.	197,924.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ſ					
	or expended on its behalf						
3	The value of services or facilities	ſ					
	furnished by a governmental unit to	ſ					
	the organization without charge \dots						
4	Total. Add lines 1 through 3			120,000.	46,914.	31,010.	197,924.
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.						197,924.
See	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e)2020 31,010.	(f) Total 197,924.
7	Amounts from line 4			120,000.	46,914.	31,010.	197,924.
8	Gross income from interest,						
	dividends, payments received on	ſ					
	securities loans, rents, royalties,	ſ					
	and income from similar sources \dots			87.	288.	671.	1,046.
9	Net income from unrelated business	ſ					
	activities, whether or not the	ſ					
	business is regularly carried on						
10	Other income. Do not include gain	ſ					
	or loss from the sale of capital	ſ					
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						198,970.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third	, fourth, or fifth tax	year as a section §	501(c)(3)	
_	organization, check this box and stor						X
	ction C. Computation of Publ						
	Public support percentage for 2020 (14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-		-	
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				• •		
40	organization meets the facts-and-circ				• • •		
18	Private foundation. If the organization	n dia not check a	box on line 13, 10	oa, 100, 17a, or 17b		and see instruction	

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 COMMUNITAS AMERICA, INC.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's f	irst. second. third	fourth, or fifth tax	vear as a section	501(c)(3) organiza	ation.
-	check this box and stop here		,				►
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				· · · · · · · · · · · · · · · · · · ·
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
	tion D. Computation of Invest						,,,
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2020. If the						
.54	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2019. If the						and
N	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio			•		•	
	23 01-25-21	TH AIGH HOL CHECK A	507 011 1110 14, 13	Sa, or rob, check			90 or 990-EZ) 2020
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued)

1

2

1

Yes No

No

Yes

			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		
b	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		
Sec	tion 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.
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

	sion of Type in oupporting 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

Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	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 yea(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).
- 2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s).

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

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Schedule A (Form 990 or 990-EZ) 2020 COMMUNITAS AMERICA, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

(A) Prior Year	(B) Current Year (optional)
(A) Prior Year	
	Current Year

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990 EZ) 2020 COMMUNITAS AMERICA, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(s) Supporting Orga	anizations (continu	ed)						
Secti	on D - Distributions				Current Year					
1	1 Amounts paid to supported organizations to accomplish exempt purposes 1									
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported								
	organizations, in excess of income from activity		2							
3	Administrative expenses paid to accomplish exempt purpose	IS	3							
4	Amounts paid to acquire exempt-use assets		4							
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5						
6	Other distributions (describe in Part VI). See instructions.			6						
7	Total annual distributions. Add lines 1 through 6.			7						
8	Distributions to attentive supported organizations to which the	he organization is responsive	e							
	(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						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020					
1	Distributable amount for 2020 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2020 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2020									
а	From 2015									
b	From 2016									
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									
с	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									
С	Excess from 2018									
d	Excess from 2019									
е	Excess from 2020									

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	Form 990 or 990-EZ) 2020 COM	IUNITAS	AMERICA,	INC.	82-4888932 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3	I. Provide the c, 4b, 4c, 5a, 6 nd 3; Part IV, 5	explanations requ 6, 9a, 9b, 9c, 11a, Section E, lines 1c	uired by Part II, line 10; Part 11b, and 11c; Part IV, Sect 2, 2a, 2b, 3a, and 3b; Part V,	II, line 17a or 17b; Part III, line 12; ion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)		, in 100 2, 0, and 0		
032028 01-25-2	1				Schedule A (Form 990 or 990-EZ) 2020

09410502 758202 A11263 2020.06000 COMMUNITAS AMERICA, INC. A11263_2

Schedule B

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

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

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

82-4888932	

COMMUNITAS A	MERICA	TNC.

0	
Filers of:	Section:
Form 990 or 990-EZ	X 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

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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).

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

Name of organization

82-4888932

COMMUNITAS AMERICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on				
<u> 1</u>		\$ 1,250,000. Person X Payroll Noncash I (Complete Part II for noncash contributions)	s.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on				
2		\$ 5,000. Person X Payroll Image: Second contributions (Complete Part II for noncash contributions)	s.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on				
		\$	s.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on				
		\$ Person Payroll (Complete Part II for noncash contributions					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on				
		\$	s.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on				
		\$ Person Payroll Noncash (Complete Part II for noncash contributions	s.)				

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

023452 11-25-20

2020.06000 COMMUNITAS AMERICA, INC. A11263_2

09410502 758202 A11263

Name of organization

Employer identification number

82-4888932

COMMUNITAS AMERICA, INC.

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

Noncash Property (see instructions). Use duplicate copies of Par	•	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (c) Description of noncash property given	(b) (c) Description of noncesh property given (See instructions.) (b) \$

023453 11-25-20

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

09410502 758202 A11263

2020.06000 COMMUNITAS AMERICA, INC. A11263_2

Page **4**

	rganization				Employer identification number
COMMUI Part III					82 - 4888932 hat total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000	e entry. For organi or less for the yea	izations ar. (Enter this info. once.	.) ► \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	ription of how gift is held
		(e) Transfer of	 		
-	Transferee's name, address, a			onship of trar	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	ription of how gift is held
-		(e) Transfer of			
-	Transferee's name, address, a	nd ZIP + 4	Relati	onship of trar	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	ription of how gift is held
		(e) Transfer of			
-	Transferee's name, address, a		-	onship of trar	nsferor to transferee
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	ription of how gift is held
		(e) Transfer of	 gift		
-	Transferee's name, address, a		-	onship of tran	nsferor to transferee

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

(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.



Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITAS AMERICA, INC.

Employer identification number 82-4888932

Pa	t I Organizations Maintaining Donor Advis	ed Funds or Other Similar Fu	unds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line 6.							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor	advised funds					
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes 🗌 No					
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds ca	an be used only					
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other pur	pose conferring					
	impermissible private benefit?		Yes No					
Pa	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form	990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organiza	tion (check all that apply).						
	Preservation of land for public use (for example, recre	ation or education)	on of a historically important land area					
	Protection of natural habitat	Preservati	on of a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qua	lified 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							
b	Total acreage restricted by conservation easements							
С	Number of conservation easements on a certified historic st							
d	Number of conservation easements included in (c) acquired	l after 7/25/06, and not on a historic s	tructure					
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated l	by the organization during the tax					
	year 🕨							
4	Number of states where property subject to conservation ea							
5	Does the organization have a written policy regarding the pe							
	violations, and enforcement of the conservation easements							
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, har	idling of violations, and enforcing con	servation easements during the year					
-	\$							
8	Does each conservation easement reported on line 2(d) abo							
	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conserva							
	balance sheet, and include, if applicable, the text of the foo	tnote to the organization's financial st	atements that describes the					
Do	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	of Art. Historical Tracourse	or Other Similar Accets					
Fai	Complete if the organization answered "Yes" on For		or Other Similar Assets.					
Ia	If the organization elected, as permitted under FASB ASC 9	, 1						
	of art, historical treasures, or other similar assets held for pu		·					
	service, provide in Part XIII the text of the footnote to its fina							
D	If the organization elected, as permitted under FASB ASC 9							
	art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research ir	i furtherance of public service,					
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1							
~								
2	If the organization received or held works of art, historical tr		anciai gain, provide					
_	the following amounts required to be reported under FASB	-	► ¢					
a L	Revenue included on Form 990, Part VIII, line 1							
<u>d</u>	Assets included in Form 990, Part X		🕨 \$					

LHA	For Paperwork Reduction Act Notice,	see the Instructions for Form 990.
032051	1 12-01-20	

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 COMMUNI	TAS AMERIC	A, I	NC.				82-48	88932	Pa Pa	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	reasures, c	or Othe	er Simil	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	t make si	ignificant	t use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	e 🗌 Scholarly research e										
С	Preservation for future generations										
4	Provide a description of the organization's co	•			•			ose in Par	t XIII.		
5	During the year, did the organization solicit o								-		-
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered "	Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi								٦		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:				1			
							<u> </u>		Amount		
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance							I	Yes		
	Did the organization include an amount on Fe If "Yes," explain the arrangement in Part XIII.						• • • • • • • •	L			」No │
Par											
		(a) Current year		Prior year	(c) Two year			years back	(a) Four	vears	hack
19	Beginning of year balance	(a) Ourrent year	(0)	nor year				yours buok		yours	buok
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
Ũ	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1	1 a. column (a)) held as:						
а	Board designated or quasi-endowment	,	%	. 3, (-,,						
	Permanent endowment	%									
		<u> </u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	•	ation th	at are held a	and administe	red for th	ne organi	zation			
	by:	C C					0		Г	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on §	Schedule R?) 				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds.							
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answered	d "Yes" on Form 990), Part l'	V, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulat	ed	(d) Book	value	э
		basis (investr	nent)	basis	(other)	dep	preciation	1			
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										_
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line	10c.)						0.
								Schedule	D (Form	990)	2020

032052 12-01-20

Complete if the organization answered "Yes"	i	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
• •	i	

	· · ·	 ,
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CREDIT CARD PAYABLE	3,649.
(3)	ACCRUED VACATION	15,578.
(4)	DEFERRED RENT	2,126.

$(\tau) = $	= / = = • •
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	21,353.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

032053 12-01-20

Sche	edule D (Form 990) 2020 COMMUNITAS AMERICA, IN	NC.	82-	4888932 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Rever	nue per Returi	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,263,423.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,263,423.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,263,423.
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With Expe	enses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total expenses and losses per audited financial statements		1	566,253.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	566,253.
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		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	566,253.
Pa	rt XIII Supplemental Information.			
-				

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

PART X, LINE 2:

THERE ARJ	E NO	UNCERTAIN	TAX	POSITIONS	TAKEN	OR	EXPECTED	то	ΒE	TAKEN	THAT
-----------	------	-----------	-----	-----------	-------	----	----------	----	----	-------	------

WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) IN THE FINANCIAL

STATEMENTS.

032054 12-01-20

Schedule D (Form 990) 2020

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Gov	vernments, ar ete if the organizatio	nd Individual n answered "Yes" Attach to For	I <mark>s in the Un</mark> on Form 990, Pa m 990.	ited States art IV, line 21 or 22.		OMB No. 1545-0047 2020 Open to Public Inspection
Name of the organization							Employer identification number
		, INC.					82-4888932
criteria used to award the grants or assis	stance?						tion X Yes No
					anization answered "	Yes" on Form 990 Par	t IV line 21 for any
	-						
Control of the product of the produ		(h) Purpose of grant or assistance					
MTHEORY101, LLC 2161 BARNES AVE, APT 5F BRONX, NY 10462	27-3864657		10,000.	0.	FMV		GRANT TO WINNER FROM COMMUNITAS VENTURES PROGRAM
VADER NANOTECHNOLOGIES INC 132 32ND STREET, SUITE 108 BROOKLYN, NY 11232	84-1861226		3,000.	0.	FMV		GRANT TO WINNER FROM COMMUNITAS VENTURES PROGRAM
MIZZ P. POST - SECONDARY SUCCESS CONSULTING, LLC - 1530 TOWNSEN AVENUE, APT 1J - BRONX, NY 10452	47-4299596		5,000.	0.	FMV		GRANT TO WINNER FROM COMMUNITAS VENTURES PROGRAM
BALLROOM CONNECTION LLC DBA SILVER SHOES DANCE CLUB - 6300 RIVERDALE AVE, APT 3H - BRONX, NY 10471	85-1481772		10,000.	0.	FMV		GRANT TO WINNER FROM COMMUNITAS VENTURES PROGRAM
HYDRONOMY INC 12113 MAGAZINE STREET, APT 13202 ORLANDO, FL 32828	84-4220659			0.	FMV		GRANT TO WINNER FROM COMMUNITAS VENTURES PROGRAM
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 			ne line 1 table				▶

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

Schedule I (Form 990) 2020

Schedule I (Form 990) 2020 COMMUNITAS AMERICA, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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:

THE GRANTEE WILL PROVIDE QUARTERLY REPORTS, BLOG POSTS, AND BUDGET TO

ACTUAL FINANCIAL REPORTS.

82-4888932

Page 2

SCHEDULE L	Tr	ansactior	ıs V	Vith	Interested	Pe	ersons			01	MB No.	1545-0	047
(Form 990 or 990-EZ)	omplete if the							26, 27	, 2 8a,		2	02	20
Department of the Treasury							·UD.			0	pen T	o Pul	olic
Internal Revenue Service	► Go to	o www.irs.gov/Fo	orm99	0 for iı	nstructions and the	late	st information.				spect		
Name of the organization	י∩אזזזאזדית	AC AMEDIC	אי	TNC								ion ni	ımber
	m 990 or 990-EZ ment of the Treasury ment of the Treasury e of the organization answered "Yes" on Form 990, Part IV, line 25a, 26b, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.	52											
1 (a) Name of disqualified p	(b)				lified		scription of tran	eactio	'n		(d)	Corre	ected?
		person and o	rganiza	ation				ISactic			<u> </u>	es	No
		•	Ũ		•	•			▶ ¢				
									► \$				
					•				-				
•	•				, Part V, line 38a or l	Form	990, Part IV, lir	ne 26;	or if th	he orga	anizati	ion	
			(d) Lo	an to or	(e) Original	(f)	Balance due	(a) In	(h) Ap	provec	(i) V	Vritten
							Dalarioo dao					agre	ement?
			То	From				Yes	No	Yes	No	Yes	No
										-			-
Total	I	_			▶ \$								
Part III Grants or As	sistance Be	enefiting Inte	reste	d Pe	rsons.								
		swered "Yes" on	Form	990, Pa									
(a) Name of interested p	oerson	interested pers	son an							-) Purp assist		of
						\rightarrow			-+				
						\rightarrow							
						-+							
	Hon Act Notice	o o o the leature	tions	for F-	rm 000 or 000 E 7		0-4	. d l -		rm 004		00 5	7) 2020

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

Schedule L (Form 990 or 990-EZ) 2020

032131 12-09-20

Schedule L (Form 990 or 990-EZ) 2020 C	COMMUNITAS	AMERICA,	INC.
----------------------------------------	------------	----------	------

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person			oetween inte ne organizati		(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
							Yes	No
MOON YOON CHUNG	FATHER	OF	CHIEF	EXE	1,250,000.	CASH DONATI		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MOON YOON CHUNG

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FATHER OF CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, KYUNGSUN CHUNG

(D) DESCRIPTION OF TRANSACTION: CASH DONATION MADE DURING THE YEAR.

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

09410502 758202 A11263

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.



82-4888932

COMMUNITAS AMERICA, INC.

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

GRASS-ROOT LEADERS TO ENACT POSITIVE CHANGES THROUGH SOCIAL INNOVATION,

LEADERSHIP DEVELOPMENT AND CREATION OF AN IMPACT ECOSYSTEM WITHIN THEIR

OWN COMMUNITIES. THE ORGANIZATION IS PROVIDING IMPACT PROGRAMMING SUCH

AS CO-LIVING RESIDENCES, CO-WORKING SPACES, A SOCIAL IMPACT ACCELERATOR

AND OTHER ENTREPRENEURIAL LEARNING OPPORTUNITIES FOR LOCAL

CHANGEMAKERS.

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

IN UNDER-RESOURCED COMMUNITIES IN THE TRI-STATE AREA.

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

THE FORM 990 HAS BEEN REVIEWED BY THE FINANCE COMMITTEE PRIOR TO THE

FILING. THE FINAL FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS AT THE

SCHEDULED NEXT BOARD MEETING WHERE IT IS REVIEWED BY ALL THE BOARD MEMBERS.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC.

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

Schedule O (Form 990 or 990-EZ) 2020