			PUBLIC DISCLOSURE	COPY									
	EXTENDED TO MAY 16, 2022 Return of Organization Exempt From Income Tax												
Forr	" 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2020								
	-	of the Treasury	Do not enter social security numbers on this form as it may		Open to Public								
Intern	al Reve	nue Service	► Go to www.irs.gov/Form990 for instructions and the lat		Inspection								
_				JUN 30, 2021	tion number								
р С а	heck if pplicab	le:	forganization	D Employer identificat	uon number								
	Addre	comm	UNITY BUILDERS										
	Name Chang		usiness as	61-1765796	5								
	Initial returr		and street (or P.0. box if mail is not delivered to street address) Room/s										
	Final returr termi	2	OX 3128	970-390-71									
	ated ק Amer	City or t ded כיד דיאד	own, state or province, country, and ZIP or foreign postal code WOOD SPRINGS, CO 81602	G Gross receipts \$	529,218.								
	_returr ∃Appli	ОПЕИ	nd address of principal officer: CLARK ANDERSON	H(a) Is this a group retu for subordinates?									
	_tion pendi		AS C ABOVE	H(b) Are all subordinates inclu	····· = =								
ΙT	ax-ex	empt status:		527 If "No," attach a lis									
			UNITYBUILDERS.ORG	H(c) Group exemption r									
			X Corporation	Year of formation: 2015 M s	State of legal domicile: CO								
Ра	rt I	Summary	CEE COUE										
e	1	Briefly describ	e the organization's mission or most significant activities: SEE SCHE										
nan	2	Check this box fithe organization discontinued its operations or disposed of more than 25% of its net assets.											
Governance	3	Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4											
õ	4												
es &	5		of individuals employed in calendar year 2020 (Part V, line 2a)		9								
Activities &	6	Total number	of volunteers (estimate if necessary)		7								
Acti			d business revenue from Part VIII, column (C), line 12		0.								
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.								
	8	Contributions	and grants (Part VIII, line 1h)	Prior Year 264,461.	Current Year 392,743.								
Revenue	9		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	233,173.	135,000.								
evel		0	come (Part VIII, column (A), lines 3, 4, and 7d)	1,483.	1,475.								
Ř			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.								
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	499,117.	529,218.								
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.								
	14		to or for members (Part IX, column (A), line 4)										
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)	563,111.	<u>592,688.</u> 0.								
Expenses			ing expenses (Part IX, column (D), line 25) \blacktriangleright <u>40,435</u> .										
EX			es (Part IX, column (A), lines 11a-11d, 11f-24e)	319,512.	92,349.								
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	882,623.	685,037.								
	19	Revenue less	expenses. Subtract line 18 from line 12	-383,506.	-155,819.								
t Assets or Id Balances				Beginning of Current Year	End of Year								
ssets 3alar	20	Total assets (F		1,062,303.	761,233.								
Net A			(Part X, line 26)	<u>170,541.</u> 891,762.	<u>25,290.</u> 735,943.								
	22 Irt II	Signature	fund balances. Subtract line 21 from line 20	091,702.	/33,943.								
		-	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of mv kr	nowledge and belief. it is								
			. Declaration of preparer (other than officer) is based on all information of which prep										
		·											
Sigr	ı	, -	e of officer	Date									
Her	е	CLAR	K ANDERSON, EXECUTIVE DIRECTOR										

	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date					
Paid	DENISE JURGENS, CPA			self-employed P00087338				
Preparer	Firm's name 🕒 REESE HENRY & COI	MPANY, INC.		Firm's EIN 🕨 84–0803727				
Use Only	Firm's address 🖕 400 E MAIN ST ST	E 2						
	ASPEN, CO 81611			Phone no. 970 - 925 - 3771				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

	PUBLIC DISCLOSURE COPY	/	
	990 (2020) COMMUNITY BUILDERS t III Statement of Program Service Accomplishments	61-1765796	Page 2
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: WE HELP PEOPLE CREATE SUCCESSFUL, PROSPEROUS COMMUNITIES TRAINING, INFORMATION AND ASSISTANCE.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes [X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes [XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, and	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 356,660. including grants of \$) (Rever TECHNICAL ASSISTANCE:	uue \$ 136,2	<u>00.</u>)
	THE GOALS OF THE TECHNICAL ASSISTANCE PROGRAM ARE TO: 1)	HELP	
	COMMUNITIES MAKE TANGIBLE PROGRESS ON SPECIFIC LIVABILIT		
	2) BUILD LOCAL CAPACITY TO HELP COMMUNITIES ADVANCE LIVA		
	SOLUTIONS ON THEIR OWN; AND 3) CREATE MODELS AND SUCCESS INSPIRE AND INFORM PROGRESS IN OTHER COMMUNITIES WITHIN		
	WEST REGION. IN FY21, WE DELIVERED ASSISTANCE TO SEVERAL		
	COMMUNITIES, INCLUDING: GUNNISON COUNTY, EAGLE COUNTY, T		
	SILVERTON, AND THE TOWN OF HOTCHKISS. OUR WORK IN GUNNIS		
	COUNTY FOCUSED ON PANDEMIC RESPONSE AND RECOVERY. IN HOT		
	HELPED LOCAL PARTNERS WORKING TO TRANSFORM A PUBLICLY OW INTO A COMMUNITY / DOWNTOWN ASSET. IN SILVERTON, WE ARE		
4b	(Code:) (Expenses \$38,826. including grants of \$) (Rever		0.)
	TRAINING: THE GOALS OF THE TRAINING PROGRAM ARE TO: 1) INCREASE KN		
	COMPETENCE, AND LEADERSHIP ABILITIES OF PEOPLE WHO MAKE/		
	DECISIONS ABOUT HOW THE COMMUNITY GROWS AND CHANGES OVER		
	HELP LOCAL LEADERS DEVELOP THE PARTNERSHIPS, TOOLS, INSP		
	DIRECTION THEY NEED TO ADVANCE LIVABILITY. IN FY20, WE H	OSTED THE	
	BUILDING BETTER PLACES TRAINING IN GRAND JUNCTION, COLOR		
	LEADERS WHO WANT TO BUILD LEADERSHIP AND UNDERSTANDING O	-	
	POLICIES AND ENGAGEMENT TO SHAPE MORE LIVABLE COMMUNITIE WE ALSO DEVELOPED AND DELIVERED VIRTUAL TRAINING ON PAND		
	RECOVERY THROUGH PARTNERSHIPS WITH THE MONTANA DOWNTOWN		
	COLORADO MAIN STREET PROGRAM.		
4c	(Code:) (Expenses \$ 152,840. including grants of \$) (Rever TOOLS & INSIGHTS:	ue \$	0.)
	OUR TOOLS AND INSIGHTS PROGRAM PROVIDES STORIES, INFORMA	TTON AND TOO	LS
	TO GIVE COMMUNITIES RESOURCES AND INSPIRATION TO BUILD M		
	PLACES. THIS YEAR, WE DEVELOPED NEW TOOLS FOCUSED ON EDU	CATING PEOPLE	
	ON BROWNFIELDS CLEAN-UP AND REVITALIZATION.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 548, 326.		
032002	SEE SCHEDULE O FOR CONTINUATION (S	Form 99 (5)	0 (2020)

Form	990 (2020) COMMUNITY BUILDERS 61-1765	796	P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		<u></u>
5	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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	444		x
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- 23
'	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	<u> </u>		
124	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		<u> </u>
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			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
b 01	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i>	21		x
	domouto government entrartiz, columni (-), me 1: 11 Yes, complete Schedule I, Parts I and II	1 2 1		~ ~

Part IV Checklist of Required Schedules (continued) 22 bit the organization report more than 55:000 of grants or other assistance to or for denestic individuals on part IK column (A), line 27 if *1%; *complete Schedule I, Part I and II 22 X 23 Did the organization arrows "*1%" to Part IV. Societion A, line 3.4, or 5 shoot compensation of the organization security and former offices, directors, muses, lay employees, and highest compensated imployee? If *1%; *complete Schedule I, Part I and III 23 X 24 Did the organization invest any proceeds of tax everapt tond base with an outstanding principal amount of more than 3100,000 as of the last day of the user, fitth was any occess of tax everapt tond base with an outstanding at any time during the year 1 244 X 25 Bott the organization matchin are serve account often than a refunding accrow at any time during the year 1 244 X 26 Bott the organization any and the langed in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person or any of these person? If 'Yea, 'complete Schedule I, Part I 258 X 26 bit the organization more any any onceeds or funder, substantial contributor or 35% 256 X 27 Did the organization appress benefit diractaction type is an excess benefit diractaction type yea, and that the transaction than a substant to	Form	990 (2020) COMMUNITY BUILDERS 61-1765	796	P	age 4
22 Did the organization report mode than 55,000 of grants or other assistance to or to densetix individuals on Part X. Columb (J, Ine 27 ur Yes, * complete Schedule I, Part and III 22 X 23 Did the organization arware "Yes" to Part VI, Section A, Ina 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 X, If Yes, * to Part VI, Past to an Stote (Section VI), Section A, Ina 3, 4, or 5 about compensated employees? If Yes, * complete Schedule X, If Yes, * to Part VI, Past to Uter Schedule X, If Yes, * to Yes, * to XES is X, If Yes, * to Uter Schedule X, If Yes, * to Uter Schedule X, If Yes, * to Yes, *					
Part K, column (A), Ine 2? If Yes, 'complete Schedule (Parts) and II 22 X 23 Did the organization answer' Yes' for Part VI, Schedule A, Ine 3, 4, or 5 about compensation of the organization surrent and former officers, directors, trustees, key employees, and highest compensated employees? If Yes, 'complete Schedule J, Yes, 'complete Schedule J, Yes, 'complete Schedule J, Yes, 'to 's' to 'ina sche a server account of the than a outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule J, Yes, 'to 's' to ina secrec w account of the than a returning secrec via any time during the year's 24d 24a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization angain in an excess benefit transaction with a disqualified person during the year's 24d 24d 25a X b is the organization nare that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization spin Form 590 or 90-627. If Yes, 'complete Schedule L, Part I 25b X 25 Did the organization provide agrin or other assistance to any current or former diffice, indexion, trustee, key employee, creator or founder, which author and organization indexe, and year or employee threador. J and the adigualited person in a prior year, and that the transaction with a contribution or amplicabe timp and or dera sastistant to any current or former d				Yes	No
23 Did the organization arwser "Yes" to Part VII. Section A, Ine 3, 4, or 5 about compensation of the organization's current and forms offers, directors, trustees, key employees, and highest compensated employees? If 'Yes, 'complete Schedule J. 23 X 24 Did the organization haves a tax exempts bond issue with an outstanding phrapial amount of more than 5100,000 as of the last day of the year, that was issued after December 31, 0002? If 'Yes,' answer lines 24 bit brough 24 dand complete Schedule K If No,' go to line 25e 24e X 24 Did the organization invest any proceeds of tax exempt bonds beyond a temporary ported exception? 24e X 25 Bettite organization and the intergaged in an excess benefit transaction with a disqualified person in a pitor year, and that the transaction has not been reported on any of the organization grant and the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization grant being person during the year? If 'Yes,' complete Schedule L Part I 25b X 25 Section 501(45), 501(44), and 501(22) organization's pitor Forms 990 or 900 E27. If 'Yes,' complete Schedule L, Part I 25b X 26 Ib the organization approximation by pitor pitor and any current or forms office. Greector, trustes, key employse, creator or founde, resultant isolation built on or pitor year, and that the transaction has not been reported or any of these persons? If 'Yes,' complete Schedule L, Part II 26b X 27 Did the organization provids a grant or other assistance	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustese, key employees, and highest compensated employees? If 'Yes,' complete Schedule V and the organization have a tax-everyt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issue dater December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule V. If 'No;' or to bine 26a 24a X 24b Did the organization invest any proceeds of tax-everyt bond is beyond a temporary period exception? 24d X 25b Did the organization invest any proceeds of tax-everyt bond obseyond a temporary period exception? 24d X 25b Section 501(c)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization are excess benefit transaction with a disqualified person daring the year? 24d X 25b Bettion 501(c)(3), 601(c)(4), and 501(c)(29) organizations prior Forms 900 or 900/E27 (f 'Yes,' complete Schedule L, Part I 25a X 25b Did the organization routes any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity of number of any of these spronsor? If 'Yes,' complete Schedule L, Part II 25b X 27 Visit the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II 27d X 28 Was the organization proved as grant or them assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributors or any schedule L, Part II		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schearls -J 23 X 24a Ddt 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? // 'Yea, 'answer lines 24b through 24d and complete Schedule L, if 'No,' go b line 23a 24a X 25b Ddt the organization maintain an escrew account other than a refunding secrew at any time during the year to delease any tax-exempt bonds? 24a X 25a Section 501(26), 501(24), 401(24) and 501(23) organizations. Did the organization angle in an excess benefit transaction with a disqualified person during the year? 24d 24d 25a Section 501(26), 501(24), 401(24), 403(24), 403 (26),					
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 issue date December 31, 2002? // 'Yes,' answer lines 24b through 24d and complete Schedule I, 11% or you time 25a 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary panied exception? 24a X 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization rays are scense benefit transaction with a disqualited person during the year? 24d X 25a Section 501(c)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization expanse that tengaged in an excess benefit transaction with a disqualited person during the year? 25a X 25 Bit the organization rays are that tengaged in an excess benefit transaction with a disqualited person an aprior year, and that the transaction have at that organization excess the regular status tend or torme officer, director, trustee, key employee, creator of tounder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L Part I 25a X 27 Did the organization provide a grant or them satistance to any current or forme officer, director, trustee, key employee, creator of founder, substantial contributor? If "Yes," complete Schedule L Part II 25b X 28 Did the organization neeves end than 325,000 in non-cash contribution? If "Yes," complete Schedule L, Part II 25b X <td></td> <td>and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete</td> <td></td> <td></td> <td> </td>		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
is day of the year, that was issued after December 31.2002? If "Yes," answer lines 24b through 24d and complete 24a X b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d 24d c Did the organization anattan an encore account other than a refurning the year to detease any tax exempt bonds? 24d 24d 25 Section 50(16)(3) 501(c4)(4) and 501(c2)(30 paramizations. Did the organization engage in an excess therefit transaction with a disqualified person during the year? 24d 24d 25 Did the organization avare that the rangedor in a recess benefit transaction with a disqualified person during the year? 25b X 26 Did the organization export 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 any drive of any of these person? If "Yes," complete Schedule L, Part II 26b X 27 Did the organization provide a grant or them assistance to any current or former officer, director, trustee, key employee, thereot a grant selector complete Schedule L, Part IV 26b X 27 Mainter member of any of these person? If "Yes," complete Schedule L, Part IV 28a X 28 Autor former officer, director, trustee, key employee, thereot a grant acteion controlled on grant acteion controlled on grant acteion to a 30% coronoled entrol of one rome individual dark or grant acteion to fou			23		X
Schedule K. If "No." go to kine 25a 24a X Do Ut the organization investant proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b C Did the organization and the screw account other than a refunding escrew at any time during the year to defease any tax-exempt bonds? 24d 24d 25a Section 501(c)(3), 601(c)(4) and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 11% complete Schedule L, Part I 25a 25a Section 501(c)(3), 601(c)(4) and 501(c)(20) organizations biot the organization is prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person during the year? 11% complete Schedule L, Part I 25b X 25b Did the organization provide any of the organization or yone or payables to any current or form control. 29b X 25b Did the organization provide any of these person? // Yes, ' complete Schedule L, Part II 26b X 25b Did the organization provide any of these person? // Yes, ' complete Schedule L, Part II 26b X 26b X Did the organization provide any of these person? // Yes, ' complete Schedule L, Part II 26c X 27b Did the organization provide any of these person? // Yes, ' complete Schedule L, Part II 27c X					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escow account other than a refunding secrow at any time during the year 0 defease any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d 25a Section 50(16(3), 50(14(4), and 50(1(2)) organizations. Did the organization larged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and the organization is prior Forms 980 or 990-E27 if 'Yes,' complete Schedule L, Part I 25a Z Did the organization avait that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction memor of any of these persons? If 'Yes,' complete Schedule L, Part I 25b 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 englowee to end thy or anily member of any of these persons? If 'Yes,' complete Schedule L, Part IV 26 X 28 Was the organization reports substantial contributor or substantial contributor? If ''res,' complete Schedule L, Part IV 26 X 29 Did the organization reports of any individual described in line 28a' If 'Yes,' complete Schedule L, Part IV 28a X 20 A tamily member of any of notificer,					37
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax evempt bonds? 246 d Did the organization acts as no no behalf off issuer for bonds outstanding at any time during the year? 246 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization regage in an excess benefit transaction with a disqualified person during the year? 1%2 b Is the organization acutes as no no behalf off issuer for bonds outstanding at any time during the year? 1%2 b Is the organization acutes as no no behalf off issuer for bonds outstanding at any time during the year? 1%2 b Is the organization acutes as no no behalf off issuer for bonds outstanding at any time during the year? 1%2 b Is the organization acutes as no no behalf off issuer for bonds outstanding at any time during the year? 286 c Not the organization provide 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, agrant statestastance to any current or former officer, director, trustee, key employee, creator or founder, a grant statestastance to any current or former officer, director, trustee, key employee, creator or founder, a grant statestastance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If ''ss, ' complete Schedule L, Part II 286 X 28 A xummere					X
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			-		
			-		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gam (gambling) winnings to prize winners?

1c

Part V Statements Regarding Other IRS Flings and Tax Compliance (continued) Yes No 2a Enter the number of amployees reported on From W3. Transmittal of Wage and Tax Statements. 2a 9 b If a teast one is reported on Inc 2a, diff the organization file an Intervent were nowed by the required to entit the sum one of the teast enterve? 2b X 3a In the complexity of the within the organization file an Intervent teast enterve? 2a 3a 3a In the complexity of the within the organization file an Intervent teast on Schedule 0 3b 3a 3b If Yes, 'nest filed a Form B05 for this year, of the organization have an Intervent, or other financial account? 3b 4a X 3b If Yes, 'nest filed a Forgin contry' be reported tax schedules and ray time dung the tax year? 5a X 3b If Yes, 'nest the name of the forgin contry' be reported tax schedules tax year? 5a X 5b If Yes, 'nest the name of the organization file for B05 for B05 for B08 for 7 5a X 5b If Yes, 'nd the organization have annual gross recepts that are normaly grosser that sch contributions or file for 7b 5b Yes, 'nd the organization have annual gross recepts for anaptive file a control file for 9b 5a	Form	990 (2020) COMMUNITY BUILDERS 61-1765	796	Р	age 5					
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 X If "Yes," see instructions and file For										
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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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X										
excess parachute payment(s) during the year?					<u> </u>					
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?	15		15		x					
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15							
	16	le the exemination on educational institution subject to the section 4069 evolution to us not investment income?	16		x					
	10	If "Yes," complete Form 4720, Schedule O.								

Form **990** (2020)

	990 (2020) COMMUNITY BUILDERS 61-1765		P	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	spons	se
	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 5	-		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	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			v
•	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 6	Did the experimentian have rearrhouse as sheeld and	6		X
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			- 23
1a	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
5	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	х	
13	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy? 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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CO			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
46	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i tinano	lal	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION – 970–390–7191			
	PO BOX 3128, GLENWOOD SPRINGS, CO 81602			

Form 990 (2020)

COMMUNITY BUILDERS

61-1765796 Page 7

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

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

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

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

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

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

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

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do			ition	l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related organizations	rustee	trust		ee	npens		(00-2/1099-00150)		organization and related
	below	dual t	utiona		nploy	st cor	ar			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			eigamzatierte
(1) CLARK ANDERSON	50.00									
EXECUTIVE DIRECTOR		х						83,000.	0.	15,393.
(2) AMY CARA	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) RUSS FORREST	1.00									
DIRECTOR		Х						0.	0.	0.
(4) TOM BOYD	2.00									
CHAIR		Х		X				0.	0.	0.
(5) MARIANNE VIRGILI	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ANGELO FERNANDEZ	1.00									
DIRECTOR		Х						0.	0.	0.

	UNITY BUILDE	IRS							61-17	6579	96 F	-age 8
Part VII Section A. Officers, Director		oloye	ees,			ghes	t C		````			
(A) Name and title	(B) Average hours per week	box, offic	not cl unles	neck r ss per	ition more rson is	than c s both r/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
	(list any hours for related organizations below line)	ndividual trustee or director	institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the from the from the from the organization and relations of the organization of the from the fro	he ation ated
		Inc	Ins	Off	Key	e Hic	Foi					
										_		
										_		
										+		
1b Subtotal								83,000.).	15,3	
c Total from continuation sheets t d Total (add lines 1b and 1c)								0.).	15,3	<u>0.</u> 93.
2 Total number of individuals (includ	ling but not limited to th						o re					
compensation from the organization	on 🕨										Yes	0 No
3 Did the organization list any former line 1a? If "Yes," complete Schedu			-	•	-		Ŭ	• •			3	x
 For any individual listed on line 1a and related organizations greater 1 	, is the sum of reportabl	e co	mpe	nsat	tion	and	oth	ner compensation from t	he organization		4	x
5 Did any person listed on line 1a re rendered to the organization? /f ")	ceive or accrue comper	satio	on fr	oma	any	unre	elate	ed organization or individ	dual for services		5	x
Section B. Independent Contractors		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		2070						-	
1 Complete this table for your five h the organization. Report compens	•	•							•	nsatio	n from	
Name and	(A) business address	NC	ONE]				(B) Description of s	ervices	Con	(C) npensatio	on
2 Total number of independent cont	ractors (including but no	ot lin	nited	l to f	thos	e lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the		-			0			,				

Form 990 (2020) COMMUNITY BUILDERS 61-1765796 Page									
			Check if Schedule O contains a response of	r note to any line	e in this Part VIII				
					(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514	
ervice Contributions, Gifts, Grants ue and Other Similar Amounts		b c d f f h a b	All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f PROGRAM SERVICE FEES CONSULTING	272,351. 120,392. ▶ Business Code 541900 541900	392,743. 134,796. 204.	134,796. 204.			
Program Service Revenue		c d e f	All other program service revenue		1.25 0.00				
	3 4 5		Total. Add lines 2a-2f Investment income (including dividends, interes other similar amounts) Income from investment of tax-exempt bond pr Royalties	st, and ► oceeds	<u>135,000.</u> 275.			275.	
	6	b c	Gross rents (i) Real Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal					
venue	7	b	Gross amount from sales of assets other than inventory(i) SecuritiesZess: cost or other basis and sales expenses7aGain or (loss)7c	(ii) Other 1,200. 0. 1,200.					
Other Rev	8		Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	····· •	1,200.	1,200.			
	9	c a b	Less: direct expensesBbNet income or (loss) from fundraising eventsGross income from gaming activities. SeePart IV, line 19Less: direct expenses9b	····· •					
	10	a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory	····· •					
Miscellaneous Revenue	11		All other revenue	Business Code					
	10		Total. Add lines 11a-11d	🕨	529 218	136,200.	0.	275.	

Pa	rt IX Statement of Functional Expense	S			
ecti	ion 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				·
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22				
3	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	86,999.	72,458.	9,544.	4,997
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	414,909.	345,559.	45,518.	23,832
' 8	Pension plan accruals and contributions (include				20,002
5	section 401(k) and 403(b) employer contributions)	11.292.	9.142.	1.047.	1.103
9	Other employee benefits	<u>11,292.</u> 39,661.	9,142. 32,109.	1,047. 3,677.	<u> </u>
0	Payroll taxes	39,827.	32,938.	4,636.	2,253
1	Fees for services (nonemployees):				
' a	Management				
b	Legal	469.		469.	
	Accounting	16,310.		16,310.	
d					
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	29,148.	19,448.	8,900.	800
2	Advertising and promotion	295.		295.	
3	Office expenses	5,581.	3,658.	1,692.	231
4	Information technology	16,932.	13,359.	2,260.	1,313
5	Royalties				
6	Occupancy	13,790.	11,346.	1,075.	1,369
7	Travel	1,626.	1,626.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	4,195.	3,442.	482.	271
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	4,003.	3,241.	371.	391
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.)				
a					
b					
C L					
d					
	All other expenses	685,037.	548,326.	96,276.	40,435
2 <u>5</u>	Total functional expenses. Add lines 1 through 24e	005,057.	540,520.	50,2/0.	40,433
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

COMMUNITY BUILDERS 61-1765796 Page 11 Form 990 (2020) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 500. Cash - non-interest-bearing 1 0. 1 665,042. 839,019. 2 2 Savings and temporary cash investments 121,095. 1,740. Pledges and grants receivable, net 3 3 100,889. 94,451. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 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 Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 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 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 800. 0. 15 15 Other assets. See Part IV, line 11 1,062,303. 761,233. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 55,641. 25,290 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities 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 23 114,900. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 170,541. 25,290. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 770,667. Net assets without donor restrictions 27 606,368. 27 Net assets with donor restrictions 121,095. 129,575. 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 Retained earnings, endowment, accumulated income, or other funds 31 31 735,943. Total net assets or fund balances 891,762. 32 32 761,233. 062,303. 33 33 Total liabilities and net assets/fund balances

Form	n 990 (2020) COMMUNITY BUILDERS	61-176	55796	Pag	ge 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	529		
2	Total expenses (must equal Part IX, column (A), line 25)	2	685	5,03	37.
3	Revenue less expenses. Subtract line 2 from line 1	3	-155	5,83	19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	891	.,70	52.
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	735	5,94	43.
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 🛛 🖾 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	J	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection					
ployer	identification number				

2020

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

Nam	lame of the organization Employer identification number								
_			UNITY BUILI						1-1765796
Ра	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) Se	ee instruction	S.	
The	orga	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)			
1		A church, convention of ch	urches, or association	n of churches described	in sectio	on 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative					-		
4		A medical research organiz	ation operated in cor	ijunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		lege or university owned	or operat	ed by a go	vernmental u	nit describe	d in
		section 170(b)(1)(A)(iv).							
6		A federal, state, or local gov	-				-		
7		An organization that norma	-	ntial part of its support fr	om a gove	ernmental ı	unit or from th	ie general p	oublic described in
-		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city,	and state of	the college	or
40	v	university:							Laura a state from
10	X	An organization that norma							
		activities related to its exer		-					-
		income and unrelated busir		(less section 511 tax) iro	m busines	ses acquir	ed by the org	anization a	iter Julie 30, 1975.
44		See section 509(a)(2). (Con An organization organized a		volv to tost for public ost	intu Soo	nantion 50	O(a)(4)		
11 12		An organization organized a	•		•			rn (out tho	ourpoon of one or
12	L	more publicly supported or	-	•				•	-
		lines 12a through 12d that	-						
а	Г	Type I. A supporting orga	•••					-	nivina
		the supported organization	-	-	• • • •	-			
		organization. You must c							pp
b	Г	Type II. A supporting org	-		ion with its	s supporte	d organizatio	n(s), by hav	ina
		control or management o	-				-		•
		organization(s). You mus						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
с		Type III functionally inte	-		in connect	tion with, a	nd functional	ly integrate	d with,
		its supported organization						, ,	,
d		Type III non-functionally		-				ted organiz	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distri	ibution req	uirement and	an attentiv	eness
		requirement (see instructi	ions). You must con	plete Part IV, Sections	A and D,	and Part V	/.		
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type	I, Type III	
		functionally integrated, or	r Type III non-functior	ally integrated supportir	ng organiz	ation.			
f	En	ter the number of supported o	organizations						
g	Pro	ovide the following information			(iv) to the error	nization listed			
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ng document?	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)
Tota	1								

Schedule A (Form 990 or 990-EZ) 2020 COMMUNITY BUILDERS

Part II

61-1765796 Page 2

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.)

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 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.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructiv	ons)		•	12	•
13	First 5 years. If the Form 990 is for th					01(c)(3)	
	organization, check this box and stop	here			•		
Sec	ction C. Computation of Publi						
	Public support percentage for 2020 (li			column (f))		14	%
	Public support percentage from 2019		-			15	%
	33 1/3% support test - 2020. If the c					ore, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c		0				
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te			-			
h	10% -facts-and-circumstances test	•	• •		•		
~	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		•				s b
	the organization			,,			<u> 🚩 🗔</u>

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 COMMUNITY BUILDERS

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 21,007 70,432. 115,348. 103,266. 392,743. 702,796. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 325,190. 269,447. 233,173. 136,200. organization's tax-exempt purpose 169,237. 1133247. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 384,795. 336,439. 528,943. 190.244 395,622. 1836043. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 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 0. c Add lines 7a and 7b 0 1836043. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2017 (a) 2016 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 190,244. 395,622. 384,795. 336,439. 528,943. 1836043. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 1,160. 470. 1,955. 1,283. 275. 5,143. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,160. 470. 1,955. 1,283. 275. 5,143. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 396,092. 386,750. 337,722. 191,404. 529,218. 1841186. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 99.72 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) % 15 15 99.61 Public support percentage from 2019 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .28 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 % .39 18 Investment income percentage from 2019 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 COMMUNITY BUILDERS

Part IV Supporting Organizations

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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

(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.)

Schedule A (Form 990 or 990 EZ) 2020 COMMUNITY BUILDERS Part IV Supporting Organizations (continued)

Yes No

11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
600	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion D. All Type in Supporting Organizations			<u> </u>
			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	4		
0	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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a	~		
U	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	<u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	0000
032025	5 01-25-21 Schedule A (Form S	90 or 99	U-EZ)	2020

Schedule A	(Form 990 or 990-EZ) 2020 COMMUNITY BUILDERS		(61-1765796 _{Page}
	Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	1
ection A -	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sh	ort-term capital gain	1		
2 Recov	eries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add lir	nes 1 through 3.	4		
5 Depre	ciation and depletion	5		
6 Portion	n of operating expenses paid or incurred for production or			
collect	ion of gross income or for management, conservation, or			
mainte	enance of property held for production of income (see instructions)	6		
7 Other	expenses (see instructions)	7		
8 Adjust	ted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggree	gate fair market value of all non-exempt-use assets (see			
instruc	ctions for short tax year or assets held for part of year):			
a Averaç	ge monthly value of securities	1a		
b Averag	ge monthly cash balances	1b		
c Fair m	arket value of other non-exempt-use assets	1c		
d Total ((add lines 1a, 1b, and 1c)	1d		
e Disco	unt claimed for blockage or other factors			
(explai	n in detail in Part VI):			
	sition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	act line 2 from line 1d.	3		
4 Cash o	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see ins	structions).	4		
5 Net va	lue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	ly line 5 by 0.035.	6		
	eries of prior-year distributions	7		
	um Asset Amount (add line 7 to line 6)	8		
ection C -	Distributable Amount			Current Year
1 Adjust	ed net income for prior year (from Section A, line 8, column A)	1		
2 Enter (0.85 of line 1.	2		
	um asset amount for prior year (from Section B, line 8, column A)	3		
	greater of line 2 or line 3.	4		
5 Incom	e tax imposed in prior year	5		
	butable Amount. Subtract line 5 from line 4, unless subject to			
	ency temporary reduction (see instructions).	6		
,	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	anization (see

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

Schedule A (Form 990 or 990-EZ) 2020

	Schedule A (Form 990 or 990-EZ) 2020	COMMUNITY	BUILDERS	
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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	ion D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exe	1							
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity	2							
3	Administrative expenses paid to accomplish exempt purpose	s 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 (<i>describe in Part VI</i>). See instructions.		6						
7	Total annual distributions. Add lines 1 through 6.		7						
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.	-	8						
9	Distributable amount for 2020 from Section C, line 6		9						
10	Line 8 amount divided by line 9 amount		10						
	•	(i)	(ii)	(iii)					
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	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								
a	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:								
	Excess from 2016								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020								

Schedule A (Form 990 or 990-EZ) 2020

			_
Schedule A Part VI	(Form 990 or 990-EZ) 2020 COMMUNITY BUILDERS Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V	and 2; Part IV, Section /, Section B, line 1e; Pai	С,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	nal information.	

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.



COMMUNITY BUILDERS

61 - 1765796

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

WE HELP PEOPLE CREATE SUCCESSFUL, PROSPEROUS COMMUNITIES THROUGH

TRAINING, INFORMATION AND ASSISTANCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY CREATE A VISION AND COMMUNITY MASTER PLAN TO GUIDE FUTURE

GROWTH AND DEVELOPMENT.

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

THE BOARD REVIEWS THE 990 PRIOR TO FILING.

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

EACH MEMBER HAS DUTY TO DISCLOSE. IF ANY MEMBER HAS REASONABLE CAUSE TO

BELEIVE ANOTHER MEMBER HAS FILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS

OF INTEREST, THE MEMBER IS INFORMED AND GIVEN AN OPPORTUNITY TO EXPLAIN.

IF, AFTER FURTHER INVESTIGATION, IT IS DETERMINED THAT A VIOLATION OF THE

CONFLICT OF INTEREST POLICY HAS OCCURRED, APPROPRIATE CORRECTIVE AND

DISCLIPINARY ACTION IS TAKEN. EACH MEMBER IS REQUIRED TO SIGN AN

AFFIRMATION STATING THEY UNDERSTAND THE POLICY.

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

INFORMAL SURVEY OF SIMILAR NONPROFIT ORGANIZATIONS AND SIMILAR POSITIONS IN THE PRIVATE SECTOR.

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

THE 1023 APPLICATION IS AVAILABLE UPON REQUEST. OF

OTHER ORGANIZING

Schedule O (Form 99		2020						Emple	Page 2
Name of the organization COMMUNITY BUILDERS								Emplo 62	yer identification number 1 – 1 7 6 5 7 9 6
DOCUMENTS,	990,	AND	FINANCIAL	STATEMENTS	ARE	AVAILABLE	ON	THE	WEBSITE.