Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Inspection

Open to Public

Department of the Treasury Internal Revenue Service

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

| A | For the 2 | U21 calend | dar year, or tax year beginning | , 2021, and | a enaing | | | | , 20 |
|--------------------------------|-------------------|-------------|-------------------------------------|---|-----------|-----------|--------------|----------------|---------------------------------|
| В | Check if ap | plicable: | C Name of organization | | | | | D Emple | oyer identification number |
| | Address ch | ange | Doing business as | | | | | | |
| | Name char | nge | Number and street (or P.O. box if | mail is not delivered to street address) | Ro | om/suite | | E Teleph | hone number |
| $\overline{\Box}$ | Initial return | ı l | | | | | | | |
| $\overline{\Box}$ | Final return | terminated/ | City or town, state or province, co | ountry, and ZIP or foreign postal code | | | | | |
| $\overline{\Box}$ | Amended r | | | | | | | G Gross | receipts \$ |
| П | Application | | F Name and address of principal off | cer: | | H(a) | s this a gro | up return fo | or subordinates? Yes No |
| _ | | F | | | | 1 | - | | es included? Yes No |
| ī | Tax-exemp | t status: | 501(c)(3) 501(c) (|) ◀ (insert no.) 4947(a)(1) or | 527 | - ' ' | | | st. See instructions. |
| J | Website: I | | | | | H(c) | Group ex | emption | number ▶ |
| _ | Form of org | | Corporation Trust Associa | tion Other ► L Year | of format | | | | of legal domicile: |
| _ | | Summa | | | | | | | |
| _ | | | - | on or most significant activities: | | | | | |
| Ģ | ' | nony doo | one are organization o miles | - | | | | | |
| auc | | | | | | | | | |
| ern | 2 C | heck this | s box ▶ ☐ if the organization | discontinued its operations or dis | sposed (| of more | than 2 | 25% of | its net assets |
| Š | 1 | | _ | rning body (Part VI, line 1a) | - | | | 3 | |
| ∞ ∞ | 1 | | _ | s of the governing body (Part VI, I | | | | 4 | |
| es | 1 | | - | n calendar year 2021 (Part V, line 2 | - | | | 5 | |
| Activities & Governance | 1 | | | necessary) | | | | 6 | |
| Act | | | lated business revenue from I | | | | | 7a | |
| _ | | | | from Form 990-T, Part I, line 11 | | | | 7b | |
| _ | | ot armolat | ted business taxable interne | 1101111 01111 000 1,1 0111, 11110 11 | · · · | | ior Year | | Current Year |
| | 8 C | ontributio | ons and grants (Part VIII, line | | | | | | |
| Jue | 9 P | | ervice revenue (Part VIII, line | | | | | | |
| Revenue | 10 Ir | _ | t income (Part VIII, column (A | | | | | | |
| æ | 11 C | | enue (Part VIII, column (A), line | | | | | | |
| | 1 | | nue-add lines 8 through 11 (n | | | | | | |
| | | | d similar amounts paid (Part I | | | | | | |
| | 1 | | aid to or for members (Part IX | | | | | | |
| " | 4- 0 | - | | penefits (Part IX, column (A), lines 5 | | | | | |
| Expenses | 16a P | | | olumn (A), line 11e) | | | | | |
| en | b T | | raising expenses (Part IX, col | | | | | | |
| Ξ | 17 C | | enses (Part IX, column (A), line | | | | | | |
| | 1 | - | | equal Part IX, column (A), line 25) | | | | | |
| | | | | 8 from line 12 | | | | | |
| _ « | 3 | CVCHGC IC | cos expenses. Cubitaet inte 1 | 0 110111 11110 12 | | Beginning | of Curre | ent Year | End of Year |
| ets c | 20 T | otal asset | ts (Part X, line 16) | | F | | , 0. 00 | | |
| Ass | 21 T | | ities (Part X, line 26) | | | | | | |
| Net Assets or Fund Balances | 22 N | | or fund balances. Subtract li | ne 21 from line 20 | | | | | |
| P | | | ire Block | 110 21 110111 11110 20 | | | | | |
| | | | | eturn, including accompanying schedules | and state | ments ar | nd to the | best of | mv knowledge and belief it is |
| | | | | officer) is based on all information of which | | | | | in, intermodge and sensi, it is |
| | | | | | | | | | |
| Si | gn | Signati | ture of officer | | | | Date | | |
| He | ere | | | | | | | | |
| _ | | Type o | or print name and title | | | | | | |
| D٠ | aid | Print/Type | e preparer's name | Preparer's signature | Da | ite | | Check | if PTIN |
| | eparer | | | | | | | self-emp | oloyed |
| | eparer se Only | Firm's nan | me > | | | | Firm's | EIN ▶ | |
| U | oe Only | Firm's add | dress ▶ | | | | Phone | no. | |
| Ma | v the IRS | discuss t | this return with the preparer s | shown above? See instructions | | | | | . Yes No |

Form 990 (2021) **Statement of Program Service Accomplishments** Part III Briefly describe the organization's mission: Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. 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 revenue, if any, for each program service reported. (Code: ____) (Expenses \$ _____including grants of \$ _____) (Revenue \$ _____) 4b (Code: ____) (Expenses \$____including grants of \$____) (Revenue \$____) (Code: ___) (Expenses \$____including grants of \$____) (Revenue \$___) Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

Total program service expenses ▶

| Part I | V Checklist of Required Schedules | | | |
|----------|--|------------|-----|----|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II | ١. | | |
| _ | | 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | 5 | | |
| O | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | |
| 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 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | |
| 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 | | |
| 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," | | | |
| h | complete Schedule D, Part VI | 11a | | |
| b | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | 110 | | |
| Ŭ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | 110 | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| 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 | | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | |
| 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 | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | |
| 14a b | Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 14a | | |
| D | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 110 | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | |
| 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 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | |
| 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 | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| 00- | If "Yes," complete Schedule G, Part III | 19 | | |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20a 20b | | |
| b 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| | Plat the disputation report that we see a grante of earlier accordance to any definition of | | 1 | |

| Part I | V Checklist of Required Schedules (continued) | | | |
|--------|--|-----|-----|----------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | |
| 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 | | |
| 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 | | |
| 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 | | |
| 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 | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| 06 | If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | |
| 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 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | |
| 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 | | |
| 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? <i>If "Yes," complete Schedule R, Part I </i> | 33 | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i> | 36 | | |
| 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 | | |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | | |
| Part | | | | <u> </u> |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| _ | | | Yes | No |
| _ | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| b c | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Lab Label Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| • | reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and | 10 | | |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|--------|---|----------|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | |
| | 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 | | |
| 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). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| oa | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | Ua | | |
| ~ | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | 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 | | |
| | 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 to file Form 8282? | 7с | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| 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? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g 7h | | |
| h 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | /11 | | |
| Ū | 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: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 122 | against amounts due or received from them.) | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 128 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. | 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? | 46 | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | |
| | If "Yes," complete Form 4720, Schedule O. | .0 | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |

Page 5

Form 990 (2021) 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. Section A. Governing Body and Management No 1a 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 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Upon request

State the name, address, and telephone number of the person who possesses the organization's books and records ▶

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

Own website

19

20

Another's website

and financial statements available to the public during the tax year.

Other (explain on Schedule O)

| Form 990 (2021) | 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

| ☐ Check this box if neither the organization no | any relate | d org | aniz | atio | n c | ompe | nsa | ted any current | officer, director, | or trustee. |
|---|-------------------|--------------------------------|---|---------|-----------------|------------------------------|---------------------------|-------------------------|-------------------------|--|
| | | (C) | | | | | | | | |
| (A) | (B) | (do n | ot ch | Pos | | than (| nna | (D) | (E) | (F) |
| Name and title | Average | box, | (do not check more than one box, unless person is both an | | | | an | Reportable | Reportable | Estimated amount |
| | hours per week | officer and a director/truste | | | | compensation from the | compensation from related | of other compensation | | |
| | (list any | Indi or c | Inst | Officer | Ke _y | Hig | Former | organization (W-2/ | organizations (W-2/ | from the |
| | hours for related | vidu | ituti | cer | em | hest | mer | 1099-MISC/ 1099-NEC) | 1099-MISC/ 1099-NEC) | organization and related organizations |
| | organizations | tor to | ona | | Key employee | con | | 1099-1420) | 1099-1120) | related organizations |
| | below | Individual trustee or director | Institutional trustee | | ee | hper | | | | |
| | dotted line) | ď | stee | | | Highest compensated employee | | | | |
| (4) | | | | | | ğ | | | | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| | | | | | | | | | | |
| (10) | | | | | | | | | | |
| | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (4.4) | | | _ | _ | | | | | | |
| (14) | | | | | | | | | | |

| Part | VII Section A. Officers, Directors, 1 | Trustees, | Key I | Em | plo | yee | s, an | d F | lighest Compe | nsated Em | oloyees (continu | ied) |
|---------|---|---|--------------------------------|-----------------------|---------------|--------------|------------------------------|-------------|---|---|--|------|
| | | | | | | C) | | | | | | |
| | (A) Name and title | (B) Average hours | box, | unles | neck ss pe | erson | e than of is both or/trus | n an | compensation from the | (E) Reportable compensation from related | | |
| | | per week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | rrom related organizations (W 1099-MISC/ 1099-NEC) | I-2/ compensation from the organization ar related organizat | nd |
| (15) | | | - | | | | <u> </u> | | | | | |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | |
| (18) | | | - | | | | | | | | | |
| (19) | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | - | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| 1b c | Subtotal | VII Section | on Δ | | | | | > | | | | |
| d | Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organi | not limited | | 10se | e list | ted | above | | ho received mor | e than \$100,0 |)00 of | |
| 3 | Did the organization list any former of employee on line 1a? <i>If "Yes," complete s</i> | | | | | | | | | | ted | No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | greater th | | | | | | | | | | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | | | |
| Secti | on B. Independent Contractors | | | | | | | | | | | |
| 1 | Complete this table for your five high compensation from the organization. Report | | | | | | | | | | | |
| | (A) Name and business add | ress | | | | | | | (B) Description of serv | vices | (C) Compensation | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | - | | | | | th | ose listed abov | e) who | | |

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| Part VIII | Statement of Revenue |
|-----------|----------------------|

| | | Check if Schedule O contains a response or note to | o any line in this Pa | art VIII | | 🗆 |
|---|-----|--|-----------------------|--|--------------------------------------|--|
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| ts, ts | 1a | Federated campaigns 1a | | | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | b | Membership dues 1b | | | | |
| ב מ | С | Fundraising events 1c | | | | |
| fts, r A | d | Related organizations 1d | | | | |
| ig آح | е | Government grants (contributions) 1e | | | | |
| ns, Sir | f | All other contributions, gifts, grants, | | | | |
| ıtio | | and similar amounts not included above 1f | | | | |
| ibt Oth | g | Noncash contributions included in | | | | |
| ntı od (| | lines 1a–1f | | | | |
| a C | h | Total. Add lines 1a–1f | > | | | |
| | | Business Cod | de | | | |
| ice | 2a | | | | | |
| Program Service Revenue | b | | | | | |
| S r en | С | | | | | |
| gram Ser Revenue | d | | | | | |
| ogi F | е | | | | | |
| P. | f | All other program service revenue | | | | |
| | g | Total. Add lines 2a–2f | | | | |
| | 3 | Investment income (including dividends, interest, a other similar amounts) | ina | | | |
| | 4 | • | | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties | | | | |
| | 6a | Gross rents 6a | <u> </u> | | | |
| | b | Less: rental expenses 6b | | | | |
| | C | Rental income or (loss) 6c | | | | |
| | d | Net rental income or (loss) | • | | | |
| | 7a | Gross amount from (i) Securities (ii) Other | | | | |
| | | sales of assets | | | | |
| | | other than inventory 7a | | | | |
| <u>o</u> | b | Less: cost or other basis | | | | |
| Revenue | | and sales expenses . 7b | | | | |
| eve | С | Gain or (loss) 7c | | | | |
| | d | Net gain or (loss) | > | | | |
| Other | 8a | Gross income from fundraising | | | | |
| 0 | | events (not including \$ | | | | |
| | | of contributions reported on line | | | | |
| | | 1c). See Part IV, line 18 8a | | | | |
| | b | Less: direct expenses 8b | | | | |
| | C | Net income or (loss) from fundraising events | > | | | |
| | 9a | | | | | |
| | | | | | | |
| | | Less: direct expenses 9b Net income or (loss) from gaming activities | | | | |
| | | Gross sales of inventory, less | • | | | |
| | iva | returns and allowances 10a | | | | |
| | h | Less: cost of goods sold 10b | | | | |
| | C | Net income or (loss) from sales of inventory | > | | | |
| 'n | | Business Cor | | | | |
| Miscellaneous Revenue | 11a | | | | | |
| scellaneo Revenue | b | | | | | |
| ella | c | | | | | |
| isc Re | d | All other revenue | | | | |
| Σ | | Total. Add lines 11a–11d | > | | | |
| | 12 | Total revenue. See instructions | • | | | |

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Part IX Statement of Functional Expenses

| Sectio | n 501(c)(3) and 501(c)(4) organizations must comp | | | | |
|--------|---|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| | Check if Schedule O contains a response | e or note to any line | e in this Part IX . | | |
| | t include amounts reported on lines 6b, 7b, , 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 | | expenses | general expenses | ехрепзез |
| - | and domestic governments. See Part IV, line 21 . | | | | |
| 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 | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f g | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| 9 | (A), amount, list line 11g expenses on Schedule O.) . | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column | | | | |
| | (A), amount, list line 24e expenses on Schedule O.) | | | | |
| _ | (A), amount, list line 24e expenses on ochequie 0.) | | | | |
| a | | | | | |
| b | | | | | |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | | | | |
| 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) | | | | |
| | following SOR 08 2 (ASC 058 720) | 1 | | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Par | rt X | | 🔲 |
|-----------------------------|-----|---|---------------------------------|-----|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | 1 | |
| | 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% | | | |
| | | 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 | |
| S | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| As | 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 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | 16 | |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or former officer, director, | | | |
| Ħ | | 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 | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 26 | |
| Net Assets or Fund Balances | | Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33. | | | |
| lan | 27 | Net assets without donor restrictions | | 27 | |
| Ba | 28 | Net assets with donor restrictions | | 28 | |
| nd | | Organizations that do not follow FASB ASC 958, check here ▶ □ | | | |
| T. | | and complete lines 29 through 33. | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| \ss | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| et / | 32 | Total net assets or fund balances | | 32 | |
| ž | 33 | Total liabilities and net assets/fund balances | | 33 | |

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| Part | 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 | | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | | | | |
| 5 | 5 Net unrealized gains (losses) on investments | | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | |
| 7 | Investment expenses | 7 | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | |
| 9 | Carlot changes in her access of faile balances (explain on conteals o). | 9 | | | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | | | |
| | | 10 | | | | | | |
| Part | 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 | 1-1 | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O. | nain c | on | | | | | |
| _ | | | _ | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? . | | | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: | oiled | or | | | | | |
| | • | | | | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | 01 | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: | ea on | a | | | | | |
| | 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 overs | ciaht | of | | | | | |
| C | the audit, review, or compilation of its financial statements and selection of an independent accountant | | | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, exp | | | | | | | |
| | Schedule O. | Jiani (| | | | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth | h in th | ne 📄 | | | | | |
| Ju | Single Audit Act and OMB Circular A-133? | | 3a | | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | rao th | | | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au | | | | | | | |
| | | | | | | | | |

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