Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2021

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

1 this for - -..... ر ما ر

Department of the Treasury Internal Revenue Service			 Do not enter social security numbers on this form as it ma Go to www.irs.gov/Form990 for instructions and the late 	Open to Publi Inspection							
Α	For the	e 2021 calen	dar year, or tax year beginning , 2021, and end	ding		, 20					
в	Check i	if applicable:	C Name of organization			D Emplo	yer identification number				
	Address	s change	Doing business as								
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Roon	n/suite	E Teleph	one number				
	Initial re	eturn									
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code								
	Amende	ed return				G Gross	receipts \$				
	Applica	tion pending	F Name and address of principal officer:		H(a) Is this a gro	group return for subordinates? Yes					
					H(b) Are all su	ubordinate	s included? 🗌 Yes 🗌 No				
I	Tax-exe	empt status:	501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 52	7	lf "No," a	attach a lis	t. See instructions.				
J	Websit	e: ►			H(c) Group ex	kemption r	number 🕨				
к	Form of	organization:	Corporation ☐ Trust	rmation	1:	M State of	of legal domicile:				
Ρ	art I	Summa	ry				-				
_	1		cribe the organization's mission or most significant activities:								
e		2	· · · · · · · · · · · · · · · · · · ·								
ane											
Governance	2	Check this	b box \blacktriangleright \Box if the organization discontinued its operations or dispos	ed of	more than a	25% of	ts net assets.				
200	3		f voting members of the governing body (Part VI, line 1a)			3					
	4		f independent voting members of the governing body (Part VI, line			4					
ies	5		ber of individuals employed in calendar year 2021 (Part V, line 2a)	'		5					
Activities &	6		ber of volunteers (estimate if necessary)			6					
Act	7a		lated business revenue from Part VIII, column (C), line 12		7a						
	b		ted business taxable income from Form 990-T, Part I, line 11	7b							
					Prior Yea	r l	Current Year				
n	8	Contributio	ons and grants (Part VIII, line 1h)								
nu	9		ervice revenue (Part VIII, line 2g)								
Revenue	10	-	t income (Part VIII, column (A), lines 3, 4, and 7d)								
Ĕ	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)								
	13		d similar amounts paid (Part IX, column (A), lines 1–3)								
	14		aid to or for members (Part IX, column (A), line 4)								
s	15			compensation, employee benefits (Part IX, column (A), lines 5–10)							
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)								
be	b		raising expenses (Part IX, column (D), line 25) ►								
ш	17	Other expe	enses (Part IX, column (A), lines 11a–11d, 11f–24e)								
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25) .								
	19	Revenue le	ess expenses. Subtract line 18 from line 12								
or	3			Beg	inning of Curr	ent Year	End of Year				
sets	20	Total asse	ts (Part X, line 16)								
Net Assets or Fund Balances	21	Total liabili	ities (Part X, line 26)								
Rei	22	Net assets	or fund balances. Subtract line 21 from line 20								
Ρ	art II	Signatu	ire Block			•					
			r, I declare that I have examined this return, including accompanying schedules and s e. Declaration of preparer (other than officer) is based on all information of which prep				ny knowledge and belief, it i				
Si	gn	Signat	ure of officer		Date						
He	ere										
		Туре с	or print name and title								

Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN				
Use Only	Firm's name		Firm's EIN ►						
	Firm's address ►		Phone no.						
May the IRS discuss this return with the preparer shown above? See instructions									
For Paperwo	rk Reduction Act Notice, see the separa	te instructions. C	at. No. 11282Y		Form 990 (2021)				

Form 99	0 (2021)			Page 2
Part	Statement of Program Servic Check if Schedule O contains a	e Accomplishments a response or note to any line in this P	art III	
1	Briefly describe the organization's mis		<u></u>	<u> </u>
2	prior Form 990 or 990-EZ?	gnificant program services during the ye		Yes 🗌 No
3	If "Yes," describe these new services Did the organization cease conduct services?	ing, or make significant changes in h		Yes 🗌 No
	If "Yes," describe these changes on S	chedule O.		
4		service accomplishments for each of its c)(4) organizations are required to repor y, for each program service reported.		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on a	Schedule O.)		
	(Expenses \$ including	grants of \$ (Revenue	\$)	
4e	Total program service expenses 🕨			

Form 99	D (2021)		F	Page 3
Part	V Checklist of Required Schedules			
4	In the experimentation dependence in section $E(1/2)/2$ or $40.47/2/(1)$ (other then a private foundation)? If "Vec."		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? <i>If "Yes," complete Schedule C, Part I</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 "Yes," complete Schedule C, Part II</i>	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 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	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," complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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 reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		
	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
	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		L
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		
2	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 for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II</i> .	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		

Form 99	0 (2021)		I	Page 4
Part	V Checklist of Required Schedules (continued)			
22	Did the examination report more than \$5,000 of grante or other assistance to or for domestic individuals on		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? <i>If "Yes," complete Schedule J</i> .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31 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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 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	37		
Part		38		
		• •	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

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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.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
ی د	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		<u> </u>
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		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
4-	If "Yes," complete Form 4720, Schedule O.			
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?	4-		
		17		
	If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, ar response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See Check if Schedule O contains a response or note to any line in this Part VI					
Secti	on A. Governing Body and Management			<u> </u>	
			Yes	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.				
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 officer, director, trustee, or key employee?	2			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				
4		3			
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5			
6	Did the organization become aware during the year of a significant diversion of the organization s assets?	6			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?	7a			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?	7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8a			
b	Each committee with authority to act on behalf of the governing body?	8b			
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	iue C	ode.))	
			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?	101			
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a			
11a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	IIa			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c			
13	Did the organization have a written whistleblower policy?	13			
14	Did the organization have a written document retention and destruction policy?	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?				
а	The organization's CEO, Executive Director, or top management official	15a			
b	Other officers or key employees of the organization	15b		1	
	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 with a taxable entity during the year?	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				
	organization's exempt status with respect to such arrangements?	16b			
	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (sec	tion (501(c	

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Other (explain on Schedule O) Own website Another's website Upon request
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 >

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Form 990 (2021)

Part VI	(
	,

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

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 nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A)	(B)	Position (do not check more than one					one	(D)	(E)	(F)
Name and title	Average hours	box, ι	box, unless person is both an officer and a director/trustee)				n an	Reportable compensation	Reportable compensation	Estimated amount of other
	per week	office						from the	from related	compensation
	(list any hours for	ndiv or dii	nstit	Officer	(ey o	High	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	related	idua ecto	utio	e,	due	est c	ēr	1099-NEC)	1099-NEC)	related organizations
	organizations below	l tru:	nal ti		Key employee	omp				
	dotted line)	Individual trustee or director	Institutional trustee		e e	Highest compensated employee				
			ě			ated				
(1)										
(2)										
(3)										
(3)										
(4)										
(5)										
(6)										
(6)										
(7)										
(8)										
(0)										
(9)		n.								
(10)										
		n								
(11)		τ.								
(4.0)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors,	rustees,	Key I	Em			s, an	d F	lighest Compe	nsated	Emplo	yees (continued)
					•	C)						
	(A)	(B)	(do n	Position (do not check more that					(D)	(E)		(F)
	Name and title	Average hours					is both		Reportable compensation	Repor compen		Estimated amount of other
		per week		1	1	1	or/trust	<u> </u>	from the	from re		compensation
		(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	ligh	Former	organization (W-2/ 1099-MISC/	organizatio		from the organization and
		hours for related	rect	utio	e,	emp	est o	P	1099-MISC/	1099-N 1099-I		related organizations
		organizations	or tr	nali		loy∉	0 m					-
		below dotted line)	Istee	trust		Ь.	pens					
			Ū.	tee			Highest compensated employee					
(15)							<u>u</u>					
(10)			-									
(16)												
<u></u>			1									
(17)												
(18)			-									
(10)												
(19)			-									
(20)												
(20)			-									
(21)												
<u></u>			1									
(22)												
(23)			-									
(0.4)												
(24)			-									
(25)												
(23)												
1b	Subtotal											
C	Total from continuation sheets to Part											
d	Total (add lines 1b and 1c) .	-										
2	Total number of individuals (including but		d to th	iose	e list	ed	above	e) w	ho received mor	e than \$1	00,000	of
	reportable compensation from the organ	zation 🕨										
_								_				Yes No
3	Did the organization list any former of										ensated	
	employee on line 1a? If "Yes," complete										 	3
4	For any individual listed on line 1a, is the organization and related organizations											
	individual											4
5	Did any person listed on line 1a receive of								related organizat	ion or in	dividual	
-	for services rendered to the organization								0			5
Secti	on B. Independent Contractors								-			
1	Complete this table for your five high											
	compensation from the organization. Rep	ort compen	satior	n foi	r the	e ca	lenda	r ye	ear ending with or	within th	ne organ	ization's tax year.
	(A)			_	_	_			(B)			(C)

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization ►	those listed above) who	

Statement of Revenue

Total revenue. See instructions . . .

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(C) Unrelated (D) Revenue excluded (A) Total revenue (B) Related or exempt business revenue from tax under function revenue sections 512-514 Contributions, Gifts, Grants, Federated campaigns . . . 1a 1a and Other Similar Amounts b Membership dues 1b Fundraising events 1c С d Related organizations 1d Government grants (contributions) 1e е All other contributions, gifts, grants, f and similar amounts not included above 1f Noncash contributions included in g lines 1a-1f 1g |\$ Total. Add lines 1a-1f . . ► h **Business Code** Program Service 2a b Revenue С d е f All other program service revenue . . Total. Add lines 2a–2f g . . . 3 Investment income (including dividends, interest, and other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds 5 Royalties . . (i) Real (ii) Personal Gross rents 6a 6a . 6b Less: rental expenses b Rental income or (loss) 6c С d Net rental income or (loss) ► 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a Less: cost or other basis b **Other Revenue** and sales expenses 7b 7c С Gain or (loss) . . Net gain or (loss) d ► Gross income from fundraising 8a events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . 8a b Less: direct expenses 8b Net income or (loss) from fundraising events С ► 9a Gross income from gaming activities. See Part IV, line 19 . 9a Less: direct expenses 9b b С Net income or (loss) from gaming activities . ► Gross sales of inventory, less 10a returns and allowances 10a Less: cost of goods sold . . . 10b b Net income or (loss) from sales of inventory . ► С **Business Code** Miscellaneous 11a Revenue b С d All other revenue . . Total. Add lines 11a-11d . ► е . . .

►

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) (C) Program service expenses Management and general expenses 8b. 9b. and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 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 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management а Legal b С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column a (A), amount, list line 11g expenses on Schedule O.) . 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties Occupancy 16 Travel 17 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.) а b _____ С _____ d All other expenses е 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 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)

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

Ρ	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	+ X		
			(A) Beginning of year		 (B) End of year
Assets	1 2 3	Cash—non-interest-bearing		1 2 3	
	4 5	Accounts receivable, net		4	
	6	controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		5 6	
	7 8	Notes and loans receivable, net		7 8	
	9 10a	Prepaid expenses and deferred charges		9	
	ь 11	Less: accumulated depreciation 10b Investments—publicly traded securities		10c 11	
	12 13	Investments—other securities. See Part IV, line 11		12 13	
	14 15 16	Intangible assets		14 15 16	
Liabilities	10 17 18	Accounts payable and accrued expenses		10 17 18	
	19 20	Deferred revenue		19 20	
	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		21	
	23	controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties		22 23	
	24 25	Unsecured notes and loans payable to unrelated third parties 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		24	
	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.			
	27 28	Net assets without donor restrictions		27 28	
	20	and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
ets (29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
et Asse	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances		32	
ž	33	Total liabilities and net assets/fund balances	· · · · · · · · · · · · · · · · · · ·	33	

Form 9	90 (2021)				Pa	ge 12
Par	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				
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	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
_	32, column (B))	10				
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	• •		<u> </u>		_
				_	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	volain				
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xpiain	on			
•						
2a	· · · · · · · · · · · · · · · · · · ·			2a		
	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					
D	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 audited on a separate basis, consolidated basis, or both:					
	Separate basis, consolidated basis, or born.					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	oreigh	tof	-		
U	the audit, review, or compilation of its financial statements and selection of an independent account			2c		
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a						
	Single Audit Act and OMB Circular A-133?			Ba		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	dergo	-			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such			8b		
				<u> </u>		