| efil  | e Pu   | ublic Visu                    | ual Render                        | ObjectId: 20224              | 3189349300139 - Su  | bmissio  | on: 2022-11           | -14             | τı                   | IN: 35-2174671               |
|---|--------|-------------------------------|-----------------------------------|------------------------------|---|----------|-----------------------|-----------------|----------------------|------------------------------|
|   | 00     | 20                            | Re                                | turn of Organ                | ization Exempt  | From     | n Income              | Tax             | (                    | OMB No. 1545-0047            |
| Form <b>JJU</b><br>Under section 501(c), 527, o |        |                               |                                   |                              | , or 4947(a)(1) of the Internal Revenue Code (except private foundations)<br>r social security numbers on this form as it may be made public. |          |                       |                 |                      | 2021                         |
|   |        | f the Treasury<br>nue Service | ►G                                | o to <u>www.irs.gov/Fo</u>   | o <u>rm990</u> for instructions a   | and the  | latest inform         | ation.          |                      | Open to Public<br>Inspection |
| A F   | or th  | ne 2021 ca                    |                                   |                              | 07-01-2021 , and endi   | ng 06-3  | 0-2022                |                 |                      |                              |
|   |        | applicable:                   | C Name of organiz<br>SLCC FOUNDAT |                              |   |          |                       | D Employe       | <sup>·</sup> identif | ication number               |
| _   |        | s change<br>hange             |                                   |                              |   |          |                       | 35-21746        | 571                  |                              |
| O Ini   |        | -                             | Doing business<br>ATTN RHONDA I   |                              |   |          |                       |                 |                      |                              |
| _   |        | irn/terminated                |                                   |                              |   |          |                       | E Telephone     | number               |                              |
|   |        | ed return<br>tion pending     | Number and str<br>1101 BERTRANE   |                              | ot delivered to street address)   | Room/su  | ite                   | (337) 52        | 1-9000               |                              |
| - '   |        | , J                           | City or town, st                  | ate or province, country, ar | nd ZIP or foreign postal code   |          |                       | (007)02         |                      |                              |
|   |        |                               | LAFAYETTE, LA                     | 70506                        |   |          |                       | G Gross rece    | eipts \$ 1           | ,803,042                     |
|   |        |                               |                                   | ddress of principal offic    | er:   |          | H(a) Is this          | a group retu    | ırn for              |                              |
|   |        |                               | JEFFERY JONES                     | N STREET                     |   |          |                       | dinates?        |                      | 🗌 Yes 🗹 No                   |
|   |        |                               | LAFAYETTE, LA                     |                              |   |          | H(b) Are al<br>includ |                 | S                    | 🗆 Yes 🔲 No                   |
| I la:   | (-exe  | mpt status:                   | ✓ 501(c)(3)                       | 501(c) ( _) ◀ (insert        | no.) 🗌 4947(a)(1) or 🗌  | 527      |                       | ," attach a lis |                      |                              |
| J M   | ebsi   | i <b>te:►</b> WW              | W.SOLACC.EDU                      | /                            |   |          | H(C) Group            | exemption r     | umber                | •                            |
| <b>K</b> Forr                                   | n of c | organization:                 | Corporation                       | Trust Association            | Other 🕨   |          | L Year of forma       | tion: I         | <b>M</b> State       | of legal domicile:           |
| Pa  | art I  | Sum                           | mary                              |                              |   |          |                       |                 |                      |                              |
| Activities & Governance                         | _      | Number o                      | -                                 |                              | ly (Part VI, line 1a)   |          |                       |                 | 3                    | 18                           |
| VIC   | 5      |                               | •                                 | 5                            | r year 2021 (Part V, line 2a  | ,        |                       | •               |                      | 18                           |
| Acti  | _      |                               |                                   | rs (estimate if necessar     | , , ,   |          |                       |                 | 6                    | 21                           |
|   |        |                               |                                   | ι.                           | column (C), line 12   |          |                       | -               | 7a                   | 0                            |
|   |        |                               |                                   |                              | n 990-T, Part I, line 11 .  |          |                       |                 | 7b                   |                              |
|   |        |                               |                                   |                              |   |          | Prie                  | or Year         |                      | Current Year                 |
| æ   | 8      | Contribut                     | ions and grants                   | (Part VIII, line 1h) .       |   |          |                       | 1,555,37        | 73                   | 1,561,859                    |
| Revenue   | 9      | Program                       | service revenue                   | (Part VIII, line 2g) .       |   |          |                       |                 |                      | 0                            |
| Rev   | 10     | Investme                      | nt income (Part                   | VIII, column (A), lines 3    | 8, 4, and 7d) • • •   | •        |                       | 103,10          | )5                   | 241,183                      |
|   |        |                               | . ,                               | column (A), lines 5, 6d,     |   |          |                       |                 |                      | 0                            |
|   |        |                               |                                   |                              | al Part VIII, column (A), lin   | -        |                       | 1,658,47        | _                    | 1,803,042                    |
|   |        |                               |                                   |                              | n (A), lines 1–3)   |          |                       | 468,82          | 27                   | 609,243                      |
|   |        |                               |                                   |                              | (A), line 4) • • • • • • • • • • • • • • • • • •  |          |                       |                 | _                    | 0                            |
| Ses   |        |                               | -                                 |                              | ), line 11e)  | -        |                       |                 |                      | 0                            |
| Exp enses                                       |        |                               | -                                 | art IX, column (D), line 25  |   | •        |                       |                 |                      |                              |
| ă   |        |                               |                                   |                              | 11d, 11f-24e)   |          |                       | 113,42          | 23                   | 233,454                      |
|   |        |                               |                                   |                              | rt IX, column (A), line 25)   |          |                       | 582,25          | -                    | 842,697                      |
|   | 19     | Revenue                       | less expenses. S                  | ubtract line 18 from lin     | e12   |          |                       | 1,076,22        | 28                   | 960,345                      |
| Net Assets or<br>Fund Balances                  |        |                               |                                   |                              |   |          | Beginning             | of Current Ye   | ar                   | End of Year                  |
| Bal   |        |                               |                                   |                              |   | •        |                       | 6,853,87        |                      | 7,297,794                    |
| und   |        |                               |                                   | e 26)                        |   | • •      |                       | 2,261,09        |                      | 2,266,851                    |
|   |        |                               |                                   | es. Subtract line 21 fro     | m líne 20   |          |                       | 4,592,78        | 36                   | 5,030,943                    |
| Pa  | rt II  | Signa                         | ature Block                       |                              |   | <u> </u> |                       |                 |                      |                              |

| Total liabilities (Part X, line 26)         Net assets or fund balances. Subtract line 21 from line 20 | 2,261,091<br>4,592,786  | 2,266,851<br>5,030,943   |
|--|---|--|
| Total liabilities (Part X, line 26)  | 2,261,091   | 2,266,851  |
|  |   | 0.000.000  |
| Total assets (Part X, line 16)   | 6,853,877   | 7,297,794  |
|  | Beginning of Current Year   | End of Year  |
| Revenue less expenses. Subtract line 18 from line 12   | 1,076,228   | 960,345  |
| Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                              | 582,250   | 842,697  |
| Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 113,423   | 233,454  |
| Total fundraising expenses (Part IX, column (D), line 25) 21,099                                       |   |  |
| a Professional fundraising fees (Part IX, column (A), line 11e)  |   | 0  |
| Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                      |   | 0  |
| Benefits paid to or for members (Part IX, column (A), line 4)  |   | 0  |
|  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)         a Professional fundraising fees (Part IX, column (A), line 11e)         Total fundraising expenses (Part IX, column (D), line 25)         b 21,099         Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)         Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         Revenue less expenses. Subtract line 18 from line 12         Total assets (Part X, line 16) | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)         a Professional fundraising fees (Part IX, column (A), line 11e)         Total fundraising expenses (Part IX, column (D), line 25) 21,099         Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)         Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         Revenue less expenses. Subtract line 18 from line 12         Total assets (Part X, line 16)         Total assets (Part X, line 16) |

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

|          | <u> </u>                             |  |   |   | 2022-11-03   |                       |
|----------|--------------------------------------|--|---|---|--|-----------------------|
| Sign     | Sig                                  | nature of officer  |   |   | Date   |                       |
| Here     | JLI                                  | FERY JONES PRESIDENT   |   |   |  |                       |
|          | Тур                                  | be or print name and title   |   |   |  |                       |
| Paio     | d                                    | Print/Type preparer's name   | Preparer's signature  | Date<br>2022-11-03  | Check if PO<br>self-employed                               | IN<br>0957605         |
| Pre      | parer                                | Firm's name 🕨 DARNALL SIKES 8  | & FREDERICK   | •   | Firm's EIN 🕨 72-0  | 738838                |
| Use      | Only                                 | Firm's address > 2000 KALISTE SA   | LOOM RD STE 300   |   | Phone no. (337) 23   | 2-3312                |
|          |                                      | LAFAYETTE, LA 7  | 0508  |   |  |                       |
| May t    | he IRS disc:                         | uss this return with the preparer  | shown above? (see instructions)   |   |  | 🗹 Yes 🗌 No            |
| For P    | Paperwork                            | Reduction Act Notice, see the  | separate instructions.  | Cat. N  | No. 11282Y   | Form <b>990</b> (2021 |
|          |                                      |  |   |   |  |                       |
|          |                                      |  | Page 2 —  |   |  |                       |
| Form     | 990 (2021)                           |  |   |   |  | Page                  |
|          |                                      | atement of Program Servio  | ce Accomplishments  |   |  |                       |
|          |                                      | -  | onse or note to any line in this Par  | t III   |  |                       |
| 1        |                                      | cribe the organization's mission:  |   |   |  |                       |
| WORI     | KS TO PROV                           |  | LOUISIANA'S WORKFORCE TO SU<br>Y TO LEARN CONTINUOUSLY. LCTC<br>ILABLE RESOURCES.   |   |  |                       |
|          |                                      |  |   |   |  |                       |
| 2        | Did the or                           | anization undertake any signific   | ant program services during the ye  | ar which were not lis   | ted on   |                       |
| 2        |                                      | orm 990 or 990-EZ?   |   |   |  | 🗆 Yes 🛛 No            |
|          |                                      | escribe these new services on Scl  |   |   |  |                       |
| 3        |                                      |  | nake significant changes in how it  | conducts, any progra  | m  |                       |
|          | services?                            |  |   |   |  | 🗌 Yes 🛛 No            |
|          | If "Yes," de                         | escribe these changes on Schedu  | le O.   |   |  |                       |
| 4        | Section 50                           |  | e accomplishments for each of its t<br>ons are required to report the amo<br>ce reported.   |   |  |                       |
|          |                                      | ac, in any, for each program servi   |   |   |  |                       |
| 4a       | (Code:                               | ) (Expenses \$   | 700,536 including grants of   | \$ 609,243  | ) (Revenue \$  | )                     |
| 4a       | THE MANAG                            | ) (Expenses \$<br>EMENT OF PROPERTY AND INVESTMENT<br>TO THE DISTRICT IV CAMPUSES OF TH                                      | 700,536 including grants of<br>NTS OBTAINED THROUGH GIFTS, BEQUE<br>HE LOUISIANA COMMUNITY AND TECHN<br>NND FOR SCHOLARSHIPS, AND FOR THE | STS, GRANTS AND PUBL  | LIC SUPPORT TO SUF   |                       |
| 4a<br>4b | THE MANAG                            | ) (Expenses \$<br>EMENT OF PROPERTY AND INVESTMENT<br>TO THE DISTRICT IV CAMPUSES OF TH                                      | NTS OBTAINED THROUGH GIFTS, BEQUE<br>TE LOUISIANA COMMUNITY AND TECHN   | STS, GRANTS AND PUBI<br>ICAL COLLEGE SYSTEM.<br>OPERATIONAL NEEDS C | LIC SUPPORT TO SUF   |                       |
|          | THE MANAG<br>AVAILABLE<br>ACTIVITIES | ) (Expenses \$<br>EMENT OF PROPERTY AND INVESTMENT<br>TO THE DISTRICT IV CAMPUSES OF TH<br>BY FACULTY, STAFF AND STUDENTS, A | NTS OBTAINED THROUGH GIFTS, BEQUE<br>HE LOUISIANA COMMUNITY AND TECHN<br>NND FOR SCHOLARSHIPS, AND FOR THE                                | STS, GRANTS AND PUBI<br>ICAL COLLEGE SYSTEM.<br>OPERATIONAL NEEDS C | LIC SUPPORT TO SUF<br>SUCH FUNDS WILL E<br>OF EACH CAMPUS. | BE USED FOR RESEARCH  |
|          | THE MANAG<br>AVAILABLE<br>ACTIVITIES | ) (Expenses \$<br>EMENT OF PROPERTY AND INVESTMENT<br>TO THE DISTRICT IV CAMPUSES OF TH<br>BY FACULTY, STAFF AND STUDENTS, A | NTS OBTAINED THROUGH GIFTS, BEQUE<br>HE LOUISIANA COMMUNITY AND TECHN<br>NND FOR SCHOLARSHIPS, AND FOR THE                                | STS, GRANTS AND PUBI<br>ICAL COLLEGE SYSTEM.<br>OPERATIONAL NEEDS C | LIC SUPPORT TO SUF<br>SUCH FUNDS WILL E<br>OF EACH CAMPUS. | BE USED FOR RESEARCH  |
|          | THE MANAG<br>AVAILABLE<br>ACTIVITIES | ) (Expenses \$<br>EMENT OF PROPERTY AND INVESTMENT<br>TO THE DISTRICT IV CAMPUSES OF TH<br>BY FACULTY, STAFF AND STUDENTS, A | NTS OBTAINED THROUGH GIFTS, BEQUE<br>HE LOUISIANA COMMUNITY AND TECHN<br>NND FOR SCHOLARSHIPS, AND FOR THE                                | STS, GRANTS AND PUBI<br>ICAL COLLEGE SYSTEM.<br>OPERATIONAL NEEDS C | LIC SUPPORT TO SUF<br>SUCH FUNDS WILL E<br>OF EACH CAMPUS. | BE USED FOR RESEARCH  |

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

|   | (Code: ) (Expenses \$ 700,536 including grants of \$ 609,243 ) (Revenue \$   |                                 | ,                 |                                  |
|---|--|---------------------------------|-------------------|----------------------------------|
|   | THE MANAGEMENT OF PROPERTY AND INVESTMENTS OBTAINED THROUGH GIFTS, BEQUESTS, GRANTS AND PUBLIC SUPPORT TO SUPPLEM<br>AVAILABLE TO THE DISTRICT IV CAMPUSES OF THE LOUISIANA COMMUNITY AND TECHNICAL COLLEGE SYSTEM. SUCH FUNDS WILL BE US<br>ACTIVITIES BY FACULTY, STAFF AND STUDENTS, AND FOR SCHOLARSHIPS, AND FOR THE OPERATIONAL NEEDS OF EACH CAMPUS.  |                                 |                   |                                  |
| 4b  | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$   |                                 | )                 |                                  |
|   |  |                                 |                   |                                  |
|   |  |                                 |                   |                                  |
|   |  |                                 |                   |                                  |
|   |  |                                 |                   |                                  |
|   |  |                                 |                   |                                  |
|   |  |                                 |                   |                                  |
| 4c  | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$   |                                 | )                 |                                  |
| ÷c  |  |                                 | )                 |                                  |
|   |  |                                 |                   |                                  |
|   |  |                                 |                   |                                  |
|   |  |                                 |                   |                                  |
|   |  |                                 |                   |                                  |
|   |  |                                 |                   |                                  |
|   |  |                                 |                   |                                  |
| 4d  | Other program services (Describe in Schedule O.)   |                                 |                   |                                  |
| 4e  | (Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses > 700,536   | )                               |                   |                                  |
|   |  | F                               | orm <b>99</b>     | <b>0</b> (2021)                  |
|   | Page 3   |                                 |                   |                                  |
|   |  |                                 |                   |                                  |
|   |  |                                 |                   |                                  |
|   | 990 (2021)   |                                 |                   | Page 3                           |
|   |  |                                 | Yes               | Page 3                           |
| Pa  | 990 (2021) The checklist of Required Schedules Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete  | 1                               | <b>Yes</b><br>Yes |                                  |
| Pa  | 990 (2021)<br>rt IV Checklist of Required Schedules  | 1 2                             |                   |                                  |
| Par<br><b>1</b>                             | 990 (2021) The interval of the experimental section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🖗   |                                 | Yes               |                                  |
| Pa<br>1<br>2                                | 990 (2021)         A Solution described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Solution required to complete Schedule B, Schedule of Contributors? See instructions.         Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.         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  | 2                               | Yes               | No                               |
| Pa<br>1<br>2<br>3                           | 990 (2021)         Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Schedule A Schedule A Schedule B, Schedule of Contributors? See instructions.         Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.         Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates  | 2                               | Yes               | No                               |
| Pa<br>1<br>2<br>3                           | 990 (2021)         Model       Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A          Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.         Is 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         Did the organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II         Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,   | 2<br>3                          | Yes               | No                               |
| Pa<br>1<br>2<br>3<br>4<br>5                 | 990 (2021)         HV       Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A          Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.        Image: Complete Schedule C, Part I         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       Image: Complete Schedule C, Part I         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? If "Yes," complete Schedule C, Part II         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  | 2<br>3                          | Yes               | No                               |
| Par<br>1<br>2<br>3<br>4                     | 990 (2021)         ttv       Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 2<br>3<br>4                     | Yes               | No<br>No<br>No                   |
| Pa<br>1<br>2<br>3<br>4<br>5<br>6            | 990 (2021)         tw       Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A a  | 2<br>3<br>4                     | Yes               | No<br>No                         |
| Pa<br>1<br>2<br>3<br>4<br>5                 | 990 (2021)         ttv       Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 2<br>3<br>4<br>5                | Yes               | No<br>No<br>No                   |
| Pa<br>1<br>2<br>3<br>4<br>5<br>6            | 990 (2021)         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A          Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.          Is 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         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? If "Yes," complete Schedule C, Part II         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 II         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? If "Yes," complete Schedule D, Part I          Did the organization receive or hold a conservation easement, including easements to preserve open space, | 2<br>3<br>4<br>5<br>6           | Yes               | No<br>No<br>No<br>No             |
| Par<br>1<br>2<br>3<br>4<br>5<br>6<br>7      | 990 (2021)         If IV       Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A a   | 2<br>3<br>4<br>5<br>6<br>7      | Yes               | No<br>No<br>No<br>No<br>No       |
| Par<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>8 | 990 (2021)         It IV       Checklist of Required Schedules         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 2<br>3<br>4<br>5<br>6<br>7<br>8 | Yes               | No<br>No<br>No<br>No<br>No<br>No |

|     |  | 5   |               | No              |
|-----|--|-----|---------------|-----------------|
| 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</i> ,Part I  | 6   |               | No              |
| 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   |               | No              |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐  | 8   |               | No              |
| 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   |               | No              |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V $\mathfrak{B}$  | 10  | Yes           |                 |
| 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.   |     |               |                 |
|     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐   | 11a |               | No              |
|     | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🗐  | 11b |               | No              |
| 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 |               | No              |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😼   | 11d |               | No              |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐  | 11e | Yes           |                 |
| 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 |               | No              |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🗐   | 12a | Yes           |                 |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?<br>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🗐   | 12b |               | No              |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |               | No              |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |               | No              |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b |               | No              |
| 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</i> " <i>Yes</i> ," <i>complete Schedule F, Parts II and IV</i>  | 15  |               | No              |
| 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  |               | No              |
| 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  |               | No              |
| 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  |               | No              |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | 19  |               | No              |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |               | No              |
| 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? If "Yes," complete Schedule I, Parts I and II  | 21  | Yes           |                 |
|     |  | F   | orm <b>99</b> | <b>0</b> (2021) |

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| Pa  |  |     |     |    |
|-----|--|-----|-----|----|
|     |  |     | 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  | Yes |    |
| 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  |     | No |
| 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 |     | No |

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|------|--|-----|------------|---------------|
| Par  | t IV Checklist of Required Schedules (continued)   |     |            |               |
| 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  | Yes<br>Yes | No            |
| 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  |            | No            |
| 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 |            | No            |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\ .$  | 24b |            |               |
| c    | 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? $\ldots$ .   | 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 |            | No            |
| 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? If "Yes," complete Schedule L, Part I  | 25b |            | No            |
| 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  |            | No            |
| 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</i> ,Part III | 27  |            | No            |
| 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 "Yes," complete Schedule L, Part IV</i>  | 28a |            | No            |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b |            | No            |
| с    | 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 |            | No            |
| 29   | Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .   | 29  |            | No            |
| 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  |            | No            |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |            | No            |
| 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  |            | No            |
| 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  |            | No            |
| 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  |            | No            |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |            | No            |
| 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? If "Yes," complete Schedule R, Part V, line 2   | 36  |            | No            |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |            | No            |
| 38   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b><br>All Form 990 filers are required to complete Schedule O.  | 38  | Yes        |               |
| Pa   | <ul> <li>Statements Regarding Other IRS Filings and Tax Compliance</li> <li>Check if Schedule O contains a response or note to any line in this Part V</li></ul>   |     |            | $\square$     |
|      |  | •   | Yes        | No            |
|      | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0  |     |            |               |
| b    | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b> 0  |     |            |               |
| ^    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |     |            | 1             |

| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a | 1                          | No               |
|-----|--|-----|----------------------------|------------------|
| 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  | <b>Section 501(c)(3) organizations.</b> 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  |                            | No               |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI              | 37  |                            | No               |
| 38  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b><br>All Form 990 filers are required to complete Schedule O.  | 38  | Yes                        |                  |
| Pa  | t V Statements Regarding Other IRS Filings and Tax Compliance  |     |                            |                  |
|     | Check if Schedule O contains a response or note to any line in this Part V   |     | <u></u>                    |                  |
|     |  |     | Yes                        | No               |
|     | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0  |     |                            |                  |
|     | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b> 0  |     |                            |                  |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c  |                            | No               |
|     |  | F   | <sup>-</sup> orm <b>99</b> | <b>90</b> (2021) |
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|     | <b>Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)   |     |                            |                  |
|     | Enter the number of employees reported on Form W-3, Transmittal of Wage and  | 1   |                            | -                |
|     | Tax Statements, filed for the calendar year ending with or within the year covered by this return       2a       0   |     |                            |                  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.         | 2b  |                            | <b> </b>         |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |                            | No               |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b  |                            |                  |
|     | 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  |                            | No               |
| b   | If "Yes," enter the name of the foreign country:<br>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? $\cdot$ .  | 5a  |                            | No               |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |                            | No               |
| с   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |                            |                  |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | 6a  |                            | No               |
| 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).  |     |                            |                  |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a  |                            |                  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided? $\ldots$ .   | 7b  |                            |                  |
| с   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file<br>Form 8282?  | 7c  |                            |                  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year 7d   |     |                            |                  |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |                            |                  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |                            |                  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |                            |                  |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  |                            |                  |
| 8   | <b>Sponsoring organizations maintaining donor advised funds.</b> 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  | <u> </u>                   |                  |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |                            | <u> </u>         |
| 10  | Section 501(c)(7) organizations. Enter:  |     |                            |                  |
| а   | Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>  |     |                            |                  |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>   | I   | l                          | I                |

| 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    | <b>Sponsoring organizations maintaining donor advised funds.</b> 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? $\ldots$ .  | 9b   |                     |  |  |  |  |  |  |  |     |  |
| 10   | Section 501(c)(7) organizations. Enter:   |      |                     |  |  |  |  |  |  |  |     |  |
| а    | Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>   |      |                     |  |  |  |  |  |  |  |     |  |
| b    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>  | 1    |                     |  |  |  |  |  |  |  |     |  |
| 11   | Section 501(c)(12) organizations. Enter:  | 1    |                     |  |  |  |  |  |  |  |     |  |
| а    | 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.)   |      |                     |  |  |  |  |  |  |  |     |  |
| 12a  | 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  |      |                     |  |  |  |  |  |  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a |  |
|      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>   |      |                     |  |  |  |  |  |  |  |     |  |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.  | 1    |                     |  |  |  |  |  |  |  |     |  |
| а    | Is the organization licensed to issue qualified health plans in more than one state?  | 13a  |                     |  |  |  |  |  |  |  |     |  |
| 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  | 1    |                     |  |  |  |  |  |  |  |     |  |
| 14a  | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a  | No                  |  |  |  |  |  |  |  |     |  |
| b    | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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?  | 15   | No                  |  |  |  |  |  |  |  |     |  |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.   | 16   | No                  |  |  |  |  |  |  |  |     |  |
| 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? If "Yes," complete Form 6069.   | 17   |                     |  |  |  |  |  |  |  |     |  |
|      |   | Forn | n <b>990</b> (2021) |  |  |  |  |  |  |  |     |  |
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| Par  | t VI       Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI |      |                     |  |  |  |  |  |  |  |     |  |

| Se | ection 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   | 18          |    |     |    |  |
|    | If there are material differences in voting rights among members of the governing<br>body, or if the governing body delegated broad authority to an executive committee or<br>similar committee, explain in Schedule O.  |             |    |     |    |  |
| b  | Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>   | 18          |    |     |    |  |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with officer, director, trustee, or key employee?  |             | 2  |     | No |  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  |             |    |     |    |  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 wa   | as filed? . | 4  |     | No |  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |             | 5  |     | No |  |
| 6  | Did the organization have members or stockholders?   |             | 6  |     | No |  |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint members of the governing body?   |             | 7a |     | No |  |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockh persons other than the governing body?  |             | 7b |     | No |  |
| ~  | Did the energy of the explored energy of the exception of both and the exception of the energy of the energy of the exception |             |    |     |    |  |

| <b>D</b> ! J II | <br> | - 1 | <br>*** *** | · · · · · · · · · · · · · · · · · · · | <br> | ١. |
|-----------------|------|-----|-------------|---------------------------------------|------|----|
|                 |      |     |             |                                       |      |    |

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|      | similar committee, explain in Schedule O.  |        |               |                 |
|------|--|--------|---------------|-----------------|
| b    | Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 18  |        |               |                 |
| 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      |               | No              |
| 3    | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  | 3      |               | No              |
| 4    | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$ .  | 4      |               | No              |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's assets? $\$ .   | 5      |               | No              |
| 6    | Did the organization have members or stockholders?   | 6      |               | No              |
| 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     |               | No              |
| 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     |               | No              |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |        |               |                 |
| а    | The governing body?  | 8a     | Yes           |                 |
| b    | Each committee with authority to act on behalf of the governing body?  | 8b     | Yes           |                 |
| 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 in Schedule O   | 9      |               | No              |
| Se   | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue   | e Code |               |                 |
| 10-  |  | 10-    | Yes           | No              |
|      | Did the organization have local chapters, branches, or affiliates?   | 10a    |               | No              |
|      | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b    |               |                 |
|      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a    |               | No              |
|      | Describe on Schedule O the process, if any, used by the organization to review this Form 990   |        |               |                 |
|      | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a    |               | No              |
|      | 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     |               | No              |
| 14   | Did the organization have a written document retention and destruction policy?   | 14     |               | No              |
| 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    |               | No              |
| b    | Other officers or key employees of the organization  | 15b    |               | No              |
|      | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |        |               |                 |
|      | 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    |               | No              |
| Ь    | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation<br>in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt<br>status with respect to such arrangements? | 16b    |               |                 |
| Se   | ction C. Disclosure  |        |               |                 |
| 17   | List the states with which a copy of this Form 990 is required to be filed   |        |               |                 |
| 18   | Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  |        |               |                 |
| 19   | Own website Another's website Upon request Other (explain in Schedule O)<br>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest<br>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:<br>RHONDA DUPRE 1101 BERTRAND DR LAFAYETTE, LA 70506 (337) 521-9000  |        |               |                 |
|      |  | F      | orm <b>99</b> | <b>0</b> (2021) |
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| Form | 990 (2021)   |        |               | Page <b>7</b>   |
| Par  | VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emp<br>and Independent Contractors   | loyee  | es,           |                 |
|      | Check if Schedule O contains a response or note to any line in this Part VII   |        | <u> </u>      |                 |
| Se   | ction 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

|      | 🗌 Own website 🔹 Another's website 👘 Upon request 👘 Other (explain in Schedule O)   |
|------|--|
| 19   | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest<br>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:<br>▶RHONDA DUPRE 1101 BERTRAND DR LAFAYETTE, LA 70506 (337) 521-9000   |
|      | Form <b>990</b> (2021)   |
|      |  |
|      | Page 7   |
| Form | Page <b>7</b>  |
| Pa   | rt VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,<br>and Independent Contractors   |
|      | Check if Schedule O contains a response or note to any line in this Part VII   |
| Se   | ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  |
|      | omplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax   |
|      | List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount mpensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.   |
| • 1  | List all of the organization's current key employees, if any. See the instructions for definition of "key employee."   |
| who  | List the organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee or key employee)<br>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<br>nization and any related organizations. |
|      | List all of the organization's <b>former</b> officers, key employees, or highest compensated employees who received more than \$100,000 portable 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.

| (A)<br>Name and title                | (B)<br>Average<br>hours per<br>week (list<br>any hours | (C)<br>Position (do not check more<br>than one box, unless<br>person is both an officer<br>and a director/trustee) |                       |         |              |                                 |        | compensation<br>from the<br>organization (W-<br>2/1099- | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099- | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and |  |
|--------------------------------------|--|--|-----------------------|---------|--------------|---------------------------------|--------|---|--|---|--|
|                                      | for related<br>organizations<br>below dotted<br>line)  | Individual trustee<br>or director  | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former | 2/1099-<br>MISC/1099-<br>NEC)                           | (W-2/1099-<br>MISC/1099-<br>NEC)   | organization and<br>related<br>organizations  |  |
| (1) ANITA BEGNAUD<br>DIRECTOR        |  | х  |                       |         |              |                                 |        | 0   | 0  | 0   |  |
| (2) TINA SHELVIN BINGHAM<br>DIRECTOR |  | х  |                       |         |              |                                 |        | 0   | 0  | 0   |  |
| (3) MONIQUE BOULET<br>DIRECTOR       |  | х  |                       |         |              |                                 |        | 0   | 0  | 0   |  |
| (4) ANDRE BREAUX<br>SECRETARY        |  | х  |                       | x       |              |                                 |        | 0   | 0  | 0   |  |
| (5) CHERYL BARTLEY<br>DIRECTOR       |  | х  |                       |         |              |                                 |        | 0   | 0  | 0   |  |
| (6) GREGORY P DAIGLE<br>VICE PRESIDE |  | х  |                       | x       |              |                                 |        | 0   | 0  | 0   |  |
| (7) BLAKE P DOUET<br>DIRECTOR        |  | х  |                       | x       |              |                                 |        | 0   | 0  | 0   |  |
| (8) MICHAEL FLASH<br>TREASURER       |  | х  |                       |         |              |                                 |        | 0   | 0  | 0   |  |
| (9) ED HEBERT<br>DIRECTOR            |  | х  |                       |         |              |                                 |        | 0   | 0  | 0   |  |
| (10) COREY JACK<br>DIRECTOR          |  | х  |                       |         |              |                                 |        | 0   | 0  | 0   |  |

| DIRECTOR                             | <br>х |   |  | 0 | 0 | 0                      |
|--------------------------------------|-------|---|--|---|---|------------------------|
| (6) GREGORY P DAIGLE<br>VICE PRESIDE | <br>х | x |  | 0 | 0 | 0                      |
| (7) BLAKE P DOUET<br>DIRECTOR        | <br>х | x |  | 0 | 0 | 0                      |
| (8) MICHAEL FLASH<br>TREASURER       | <br>х |   |  | 0 | 0 | 0                      |
| (9) ED HEBERT<br>DIRECTOR            | <br>х |   |  | 0 | 0 | 0                      |
| (10) COREY JACK<br>DIRECTOR          | <br>х |   |  | 0 | 0 | 0                      |
| (11) DR VINCENT JUNE<br>DIRECTOR     | <br>х |   |  | 0 | 0 | 0                      |
| (12) MICHELLE MAHNE<br>DIRECTOR      | <br>х |   |  | 0 | 0 | 0                      |
| (13) TIM MARKS<br>DIRECTOR           | <br>х |   |  | 0 | 0 | 0                      |
| (14) PAUL MOLBERT<br>DIRECTOR        | <br>х |   |  | 0 | 0 | 0                      |
| (15) RAJ SHETYE<br>DIRECTOR          | <br>х |   |  | 0 | 0 | 0                      |
| (16) JAN SWIFT<br>DIRECTOR           | <br>х |   |  | 0 | 0 | 0                      |
| (17) JEFFERY JONES<br>PRESIDENT      |       | x |  | 0 | 0 | 0                      |
|                                      |       |   |  |   |   | Form <b>990</b> (2021) |

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Page **8** 

Form 990 (2021)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) Name and title **(F)** Estimated (D) (B) (C) (E) Reportable Position (do not check more Average Reportable hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours for related director/trustee) organization (Worganizations (Wfrom the 2/1099-MISC/1099-NEC) organization and related 2/1099-MISC/1099-NEC) Individual trustee or director Officer Key employee Highest compensated employee Former organizations Institutional Trustee below dotted organizations line)

|               |   |   | stae                    | rustee               |                       | ensated               |                           |  |                                  |       |                     |                           |
|---------------|---|---|-------------------------|----------------------|-----------------------|-----------------------|---------------------------|--|----------------------------------|-------|---------------------|---------------------------|
|               |   |   |                         |                      |                       |                       |                           |  |                                  |       |                     |                           |
|               |   |   |                         |                      |                       |                       |                           |  |                                  |       |                     |                           |
|               |   |   |                         |                      |                       |                       |                           |  |                                  |       |                     |                           |
|               |   |   |                         |                      |                       |                       |                           |  |                                  |       |                     |                           |
|               |   |   |                         |                      |                       |                       |                           |  |                                  |       |                     |                           |
|               |   |   |                         |                      |                       |                       |                           |  |                                  |       |                     |                           |
|               |   |   |                         |                      |                       |                       |                           |  |                                  |       |                     |                           |
|               |   |   |                         |                      |                       |                       |                           |  |                                  |       |                     |                           |
|               |   |   |                         |                      |                       |                       |                           |  |                                  |       |                     |                           |
|               |   |   |                         |                      |                       |                       |                           |  |                                  |       |                     |                           |
|               |   |   |                         |                      |                       |                       |                           |  |                                  | _     |                     |                           |
|               |   |   |                         |                      |                       |                       |                           |  |                                  |       |                     |                           |
| 16.           | Sub-Total   |   |                         |                      |                       | •                     |                           |  |                                  |       |                     |                           |
| c             | Total from continuation sheets  | -   | n A.                    |                      |                       |                       |                           |  |                                  |       |                     |                           |
| <u>d</u><br>2 | Total (add lines 1b and 1c) .<br>Total number of individuals (incl              |   |                         |                      |                       |                       | received n                | nore than ¢1                           | 00.000                           |       |                     |                           |
| 2             | of reportable compensation from   | the organization                            |                         | 6 1150               |                       |                       | i eccived ii              | nore than \$1                          | 00,000                           |       |                     |                           |
| 3             | Did the organization list any <b>for</b> line 1a? If "Yes," complete Scher      |   |                         |                      |                       |                       |                           |  | employee on                      | 3     | Yes                 | No                        |
| 4             | For any individual listed on line a organization and related organiz individual | 1a, is the sum of re<br>ations greater than | portable o<br>\$150,000 | comp<br>0? <i>If</i> | ensat<br><i>"Yes,</i> | ion and o<br>" comple | other comp<br>te Schedule | ensation fror<br>9 <i>J for such</i>   | n the                            | 4     |                     | No                        |
| 5             | Did any person listed on line 1a services rendered to the organiz               |   | •                       |                      |                       |                       |                           |  |                                  | 5     |                     | No                        |
| Se            | ection B. Independent Cont  | tractors                                    |                         |                      |                       |                       |                           |  |                                  |       |                     |                           |
| 1             | Complete this table for your five from the organization. Report co              |   |                         |                      |                       |                       |                           |  |                                  | npens | ation               |                           |
|               | N   | (A)<br>Name and business add                | ress                    |                      |                       | -                     |                           | Desc                                   | (B)<br>cription of services      |       | <b>(C</b><br>Comper |                           |
|               |   |   |                         |                      |                       |                       |                           |  |                                  |       |                     |                           |
|               |   |   |                         |                      |                       |                       |                           |  |                                  |       |                     |                           |
|               | Total number of independent contr   |   | ıt not lim              | ited t               | o tho                 | se listed             | above) who                | o received m                           | ore than \$100,00                | 0 of  |                     |                           |
|               | compensation from the organization  | on 🕨  |                         |                      |                       |                       |                           |  |                                  |       | Form <b>99</b>      | <b>0</b> (2021)           |
|               |   |   |                         | — I                  | Page                  | 9 —                   |                           |  |                                  |       |                     |                           |
| Form          | n 990 (2021)  |   |                         |                      |                       |                       |                           |  |                                  |       |                     | Page <b>9</b>             |
| Pa            | art VIII Statement of Reve  |   |                         |                      |                       |                       |                           |  |                                  |       |                     |                           |
|               | Check if Schedule O co  | ntains a response o                         | r note to               | any l                | ine in                | this Part<br>(A)      | VIII                      | <br>(B)                                | <br>(C)                          | · .   | <br>(D)             | )                         |
|               |   |   |                         |                      | Tota                  | l revenue             | e<br>fu                   | lated or<br>xempt<br>unction<br>evenue | Unrelated<br>business<br>revenue |       | Rever               | nue<br>d from<br>sections |
|               | Federated campaigns   | 1a  |                         |                      |                       |                       |                           |  |                                  | a     |                     |                           |

| Contributions,                                    |    |
|---|----|
| Gi <del>fts, Grants,</del><br>and Membership dues | 1b |
| DtherAmt<br>Similar                               |    |
| Arfiounts   | 1c |

|    | ~ | ~ | C |
|----|---|---|---|
| ۲d | q | e | 5 |

| orm 990 (2021)  |                                     |                              |   |  |   | Page   |
|---|-------------------------------------|------------------------------|---|--|---|--|
|   | nt of Revenue                       |                              |   |  |   |  |
| Check if So   | chedule O contains a res            | ponse or note to an          | y line in this Part VII<br>(A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
| Federated campaigns   | 1a                                  |                              |   | Tevende  |   | 512 514  |
| Contributions,  |                                     |                              |   |  |   |  |
| Gifts, Grants, Membership dues  | . 1b                                |                              |   |  |   |  |
| OtherAmt<br>Similar   |                                     |                              |   |  |   |  |
| Mothedraising events  | . <u>1c</u>                         |                              |   |  |   |  |
| d Related organizations   | 5 <b>1d</b>                         |                              |   |  |   |  |
| e Government grants (con  | tributions) <b>1e</b>               |                              |   |  |   |  |
| <b>f</b> All other contributions, g<br>and similar amounts not<br>above | ifts, grants,<br>included <b>1f</b> |                              |   |  |   |  |
| 1,561,859   | 1                                   |                              |   |  |   |  |
| <b>g</b> Noncash contributions in lines 1a - 1f:\$                      | cluded in <b>1g</b>                 |                              |   |  |   |  |
|   |                                     |                              |   |  |   |  |
| <b>h Total.</b> Add lines 1a-1  | f                                   |                              |   |  |   |  |
|   |                                     | • 1,561,859<br>Business Code |   |  |   |  |
| 2a  |                                     |                              |   |  |   |  |
| e   |                                     |                              |   |  |   |  |
| Program Service Revenue   |                                     |                              |   |  |   |  |
| Ber   |                                     |                              |   |  |   |  |
| lice  |                                     |                              |   |  |   |  |
| Serv  |                                     |                              |   |  |   |  |
| £   |                                     |                              |   |  |   |  |
| ,<br>0012   |                                     |                              |   |  |   |  |
| Ĕ   |                                     |                              |   |  |   |  |
| f All other program   |                                     |                              |   |  |   |  |
|   | 2a-2f 🕨                             |                              | 1   | 1  | r                                       | 1  |
|   | e (including dividends, ir          | nterest, and other           | 241,183   |  |   | 241,18   |
|   | tment of tax-exempt bo              | nd proceeds                  |   |  |   |  |
| 5 Royalties   |                                     |                              |   |  |   |  |
|   | (i) Real                            | (ii) Personal                |   |  |   |  |
| <b>6a</b> Gross rents   | 6a                                  |                              |   |  |   |  |
| <b>b</b> Less: rental expenses  | 6b                                  |                              |   |  |   |  |
| c Rental income<br>or (loss)  | 6c                                  |                              |   |  |   |  |
| <b>d</b> Net rental incom   | e or (loss)                         | · · · •                      |   |  |   |  |
|   | (i) Securities                      | (ii) Other                   |   |  |   |  |
| 7a Gross amount<br>from sales of<br>assets other<br>than inventory      | 7a                                  |                              |   |  |   |  |
| <b>b</b> Less: cost or<br>other basis and<br>sales expenses             | 7b                                  |                              |   |  |   |  |
| <b>c</b> Gain or (loss)   | 7c                                  |                              |   |  |   |  |
| 1   |                                     | 1                            | 4   | L  | 1                                       | 1  |

| 6a Gross rents  | 6a                   | 1                      | 1 | I | I |
|---|----------------------|------------------------|---|---|---|
| <b>b</b> Less: rental expenses  | 6b                   |                        |   |   |   |
| c Rental income<br>or (loss)  | 6c                   |                        |   |   |   |
| <b>d</b> Net rental income  | e or (loss) .        |                        |   |   |   |
|   | (i) Secu             | rities (ii) Other      |   |   |   |
| <b>7a</b> Gross amount<br>from sales of<br>assets other<br>than inventory                 | 7a                   |                        |   |   |   |
| <b>b</b> Less: cost or<br>other basis and<br>sales expenses                               | 7b                   |                        |   |   |   |
| c Gain or (loss)  | 7c                   |                        |   |   |   |
| <b>d</b> Net gain or (loss)   |                      |                        |   |   |   |
| Gross income from fu<br>(not including \$   | of<br>d on line 1c). | 8a<br>8b<br>ing events |   |   |   |
| Gross income from<br>See Part IV, line 19<br>b Less: direct exper<br>c Net income or (los | ises                 | 9a<br>9b               |   |   |   |
| <b>10a</b> Gross sales of invertering and allower   |                      | 102                    |   |   |   |

| efile Public Visual                      | Render ObjectId: 202243189349300139 - Submission: 2022-   | 11-14                        | TIN: 35-2174671   |  |  |  |  |  |
|--|---|------------------------------|-------------------|--|--|--|--|--|
| SCHEDULE A                               | Public Charity Status and Public Suppo  |                              | OMB No. 1545-0047 |  |  |  |  |  |
| (Form 990)<br>Department of the Treasury | 2021  |                              |                   |  |  |  |  |  |
| Internal Revenue Service                 | rmation.  | Open to Public<br>Inspection |                   |  |  |  |  |  |
| Name of the organiza                     | tion  | Employer identif             | ication number    |  |  |  |  |  |
| SLCC FOUNDATION 35-2174671               |   |                              |                   |  |  |  |  |  |
| Part I Reason                            | for Public Charity Status (All organizations must complete this part.) S                                    | ee instructions.             |                   |  |  |  |  |  |
| The organization is not a                | a private foundation because it is: (For lines 1 through 12, check only one box.)                           |                              |                   |  |  |  |  |  |
| 1 🗌 A church, c                          | 1 A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> |                              |                   |  |  |  |  |  |

2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

| efil   | e Put                        | blic Visual                                    | Render                        | ObjectId: 2                         | 20224318934930  | 0139 - Subm  | ission: 2022-:                      | 11-14   | TIN: 35-2174671                                       |
|--------|------------------------------|--|-------------------------------|-------------------------------------|---|--|-------------------------------------|---|---|
| (Forr  | <b>n 990</b> )<br>ment of tl | <b>ULE A</b><br>)<br>he Treasury<br>he Service |                               | nplete if the o                     | Charity Statu<br>rganization is a sect<br>4947(a)(1) nonexe<br>Attach to Form<br>5.gov/Form990 for in | ion 501(c)(3)<br>empt charitable<br>990 or Form 99 | organization or<br>trust.<br>90-EZ. | a section   | OMB No. 1545-0047                                     |
| Nam    | e of ti                      | he organiza                                    | tion                          |                                     |   |  |                                     | Employer identifi                                       | Inspection<br>cation number                           |
|        | FOUND                        |  |                               |                                     |   |  |                                     | 35-2174671  |   |
|        | rt I                         | Reason   | for Public                    | Charity State                       | <b>us</b> (All organization   | s must comple                                      | ete this part.) S                   |   |   |
|        | organiz                      |  |                               |                                     | e it is: (For lines 1 thro  |  |                                     |   |   |
| 1      |                              |  |                               |                                     | ssociation of churches  |  |                                     | (A)(i).   |   |
| 2      |                              |  |                               |                                     | 1)(A)(ii). (Attach Scl  |  |                                     |   |   |
| 3      |                              | •  | •                             | •                                   | vice organization desc  |  |                                     | 2   |   |
| 4      |                              | A medical r<br>name, city,                     |                               | inization operate                   | ed in conjunction with  | a hospital descr                                   | ibed in section 1                   | L70(b)(1)(A)(iii).                                      | Enter the hospital's                                  |
| 5<br>6 |                              | 170(Ď)(1)                                      | (A)(iv). (Co                  | mplete Part II.)                    | t of a college or unive<br>)<br>· governmental unit de  |  |                                     |   | ibed in <b>section</b>                                |
| 7      |                              |  |                               |                                     | a substantial part of it  |  |                                     |   | ral public described in                               |
| •      |                              | section 17                                     | '0(b)(1)(A)                   | (vi). (Complete                     | e Part II.)   |  | 5                                   |   |   |
| 8      |                              |  |                               |                                     | 170(b)(1)(A)(vi).   |  |                                     |   |   |
| 9      |                              |  |                               |                                     | escribed in <b>170(b)(1)</b><br>ee instructions. Enter  |  |                                     |   | lege or university or a                               |
| 10     |                              | from activit investment                        | ties related to<br>income and | o its exempt fun<br>unrelated busin | (1) more than 331/39<br>actions—subject to cer<br>less taxable income (le<br>omplete Part III.)       | tain exceptions,                                   | and (2) no more                     | than 33 1/3% of its s                                   |   |
| 11     |                              | An organiza                                    | ation organiz                 | ed and operated                     | d exclusively to test fo  | r public safety. S                                 | See section 509                     | (a)(4).   |   |
| 12     |                              | more public                                    | cly supported                 | l organizations o                   | d exclusively for the be<br>described in <b>section 5</b><br>s the type of supportin                  | 09(a)(1) or se                                     | ction 509(a)(2)                     | ). See section 509(                                     |   |
| а      |                              | organizatio                                    | n(s) the pow                  |                                     | ated, supervised, or c<br>appoint or elect a majo   |  |                                     |   |   |
| b      |                              | manageme                                       | nt of the sup                 |                                     | pervised or controlled i<br>ation vested in the sar<br>and C.   |  |                                     |   |   |
| С      |                              |  |                               |                                     | supporting organizatio<br>ions). <b>You must com</b>  |  |                                     |   | ated with, its  |
| d      |                              | Type III n<br>functionally                     | on-function                   | ally integrate<br>The organization  | <b>d.</b> A supporting organ n generally must satis   | ization operated fy a distribution                 | in connection will requirement and  | th its supported orga                                   |   |
| е      |                              | Check this                                     | box if the org                | anization receiv                    | r <b>t IV, Sections A and</b><br>ved a written determir   | nation from the I                                  |                                     | pe I, Type II, Type II                                  | I functionally  |
| f      | Entor                        |  |                               |                                     | integrated supporting   |  |                                     |   |   |
| g      |                              |  |                               | 5                                   |   |  |                                     | · · · · · · · · -                                       |   |
|        |                              | Name of supp<br>organization                   | oorted                        | <b>(ii)</b> EIN                     | (iii) Type of<br>organization<br>(described on lines<br>1- 10 above (see<br>instructions))            | (iv) Is the org                                    | anization listed<br>ing document?   | (v) Amount of<br>monetary support<br>(see instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|        |                              |  |                               |                                     |   | Yes  | No                                  |   |   |
|        |                              |  |                               |                                     |   |  |                                     |   |   |
| Tota   | 1                            |  |                               |                                     |   |  |                                     |   |   |
| For F  | Paperv                       | work Reduc<br>or 990-EZ.                       | tion Act Not                  | tice, see the Ir                    | nstructions for   | Cat. No. 1128                                      | 5F                                  | Schedule  | A (Form 990) 2021                                     |
|        |                              |  |                               |                                     | Pa  | ge 2   |                                     |   |   |
|        |                              |  | 2021                          |                                     |   |  |                                     |   |   |
|        | dule A                       | (Form 990)                                     |                               | a for Orcani-                       | zations Described   | in Sections 1                                      | 70(6)/1)/4)                         | (iv) and 170/6)/  | Page 2  |
| ٢đ     |                              | (Comple  | ete only if y                 | ou checked th                       |   | or 8 of Part I                                     | or if the organi                    | zation failed to qu                                     | alify under Part III.                                 |
|        | ection                       | n A. Public                                    |                               | · · ·                               | I   | · •  | · · · ·                             | · ·   |   |
| . 314  |                              |  |                               |                                     | ·   | ·  |                                     |   |   |

|  |   |   |  | Yes N  | lo                       |   |   |
|--|---|---|--|--|--------------------------|---|---|
|  |   |   |  |  |                          |   |   |
|  |   |   |  |  |                          |   |   |
| -  | tal<br>r Paperwork Reduction Act Notice, s  | oo tho Instructi  | and for Ca   | t. No. 11285F  |                          | Schodulo A (I   | Form 990) 2021  |
|  | rm 990 or 990-EZ.   |   |  | IL. NO. 11203F   |                          | Schedule A (I   | -0111 990) 2021   |
|  |   |   |  |  |                          |   |   |
|  |   |   | Page 2   |  |                          |   |   |
|  |   |   |  |  |                          |   |   |
| Sch  | hedule A (Form 990) 2021  |   |  |  |                          |   | Page <b>2</b>   |
| P  | Part II Support Schedule for  | Organizations   | Described in S   | Sections 170()   | b)(1)(A)(iv) ar          | nd 170(b)(1)(A  |   |
|  | (Complete only if you ch<br>If the organization failed  | necked the box of   | on line 5, 7, or 8   | 3 of Part I or if t  | he organization          | failed to qualify   |   |
|  | Section A. Public Support   |   |  |  |                          |   |   |
|  | alendar year<br>or fiscal year beginning in) 🕨  | (a) 2017  | <b>(b)</b> 2018  | (c) 2019   | (d) 2020                 | (e) 2021  | (f) Total   |
| 1  | Gifts, grants, contributions, and   |   |  |  |                          |   |   |
|  | membership fees received. (Do not include any "unusual grant.") .   | 945,285   | 847,208  | 1,449,838  | 1,555,373                | 1,561,859   | 6,359,563   |
| 2  | Tax revenues levied for the   |   |  |  |                          |   |   |
|  | organization'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  | <b>Total.</b> Add lines 1 through 3   | 945,285   | 847,208  | 1,449,838  | 1,555,373                | 1,561,859   | 6,359,563   |
| 5  | The portion of total contributions by   |   |  |  |                          |   |   |
|  | each person (other than a governmental unit or publicly   |   |  |  |                          |   |   |
|  | supported organization) included on line 1 that exceeds 2% of the   |   |  |  |                          |   | 2,490,603   |
|  | amount shown on line 11, column (f)   |   |  |  |                          |   |   |
| ~  | Public support. Subtract line 5 from  |   |  |  |                          |   |   |
| 6  | line 4.   |   |  |  |                          |   | 3,868,960   |
|  | Section B. Total Support  | 1   | ī  | r  | 1                        | 1   |   |
|  | alendar year<br>or fiscal year beginning in) 🕨  | <b>(a)</b> 2017   | <b>(b)</b> 2018  | (c) 2019   | (d) 2020                 | (e) 2021  | (f) Total   |
| 7  | Amounts from line 4.  | 945,285   | 847,208  | 1,449,838  | 3 1,555,373              | 1,561,859   | 6,359,563   |
| 8  | Gross income from interest,<br>dividends, payments received on  |   |  |  |                          |   |   |
|  |   | 20,940  | 20,940   | 20,490   | 103,105                  | 241,183   | 406,658   |
|  | securities loans, rents, royalties and  |   |  |  |                          |   |   |
| ٩  | income from similar sources   |   |  |  |                          |   |   |
| 9  | income from similar sources<br>Net income from unrelated business<br>activities, whether or not the   |   |  |  |                          |   |   |
| -  | income from similar sources<br>Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on.  |   |  |  |                          |   |   |
| 9<br>10  | income from similar sources.<br>Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on.<br>Other income. Do not include gain<br>or loss from the sale of capital  |   |  |  |                          |   |   |
| 10   | income from similar sources<br>Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.).   |   |  |  |                          |   |   |
| 10<br>11   | income from similar sources<br>Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)<br><b>Total support.</b> Add lines 7 through<br>10   |   |  |  |                          |   | 6,766,221   |
| 10<br>11<br>12   | income from similar sources<br>Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)<br><b>Total support.</b> Add lines 7 through<br>10<br>Gross receipts from related activities,  | etc. (see instructi   |  |  |                          | 12  |   |
| 10<br>11<br>12   | income from similar sources<br>Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)<br><b>Total support.</b> Add lines 7 through<br>10<br>Gross receipts from related activities,<br><b>First 5 years.</b> If the Form 990 is for t  | etc. (see instructi   | first, second, third   | l, fourth, or fifth t  | ax year as a sectio      | on 501(c)(3) organ  |   |
| 10<br>11<br>12<br>13   | income from similar sources<br>Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)<br><b>Total support.</b> Add lines 7 through<br>10<br>Gross receipts from related activities,<br><b>First 5 years.</b> If the Form 990 is for t<br>this box and <b>stop here</b>   | etc. (see instructi<br>che organization's   | first, second, third   | l, fourth, or fifth t  | ax year as a sectio      | on 501(c)(3) organ  |   |
| 10<br>11<br>12<br>13   | income from similar sources<br>Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)<br><b>Total support.</b> Add lines 7 through<br>10<br>Gross receipts from related activities,<br><b>First 5 years.</b> If the Form 990 is for t<br>this box and <b>stop here</b><br><b>Section C. Computation of Publi</b>   | etc. (see instructi<br>the organization's   | first, second, third   | d, fourth, or fifth t  | ax year as a sectio      | on 501(c)(3) organ  | ization, check  |
| 10<br>11<br>12<br>13<br>                                     | income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). <b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for t this box and <b>stop here Section C. Computation of Publi</b> Public support percentage for 2021 (li   | etc. (see instructi<br>the organization's<br>c Support Pere<br>ne 6, column (f) c   | first, second, third<br>centage<br>livided by line 11,   | d, fourth, or fifth t  | ax year as a sectio      | on 501(c)(3) organ  | ization, check<br>57.180 %  |
| 10<br>11<br>12<br>13<br><u>§</u><br>14                       | income from similar sources<br>Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.) .<br><b>Total support.</b> Add lines 7 through<br>10<br>Gross receipts from related activities,<br><b>First 5 years.</b> If the Form 990 is for t<br>this box and <b>stop here</b><br><b>Section C. Computation of Publi</b><br>Public support percentage for 2021 (li<br>Public support percentage for 2020 Sc  | etc. (see instructi<br>the organization's<br>c Support Pere<br>ne 6, column (f) c<br>thedule A, Part II,  | first, second, third<br>centage<br>livided by line 11,<br>line 14  | d, fourth, or fifth t<br>  | ax year as a sectio      | 14<br>15  | ization, check<br>57.180 %<br>67.420 %  |
| 10<br>11<br>12<br>13<br><u>§</u><br>14                       | income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). <b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for t this box and <b>stop here Section C. Computation of Publi</b> Public support percentage for 2021 (li   | etc. (see instructi<br>the organization's<br><b>c Support Pere</b><br>ne 6, column (f) c<br>thedule A, Part II,<br>organization did i   | first, second, third<br>centage<br>livided by line 11,<br>line 14<br>not check the box   | d, fourth, or fifth t<br>column (f))<br><br>on line 13, and lir  | ax year as a section     | 14<br>15<br>more, check this  | ization, check<br>57.180 %<br>67.420 %  |
| 10<br>11<br>12<br>13<br><u>(14</u><br>15<br>16;              | income from similar sources.<br>Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on.<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.).<br><b>Total support.</b> Add lines 7 through<br>10<br>Gross receipts from related activities,<br><b>First 5 years.</b> If the Form 990 is for t<br>this box and <b>stop here</b><br><b>Section C. Computation of Publi</b><br>Public support percentage for 2021 (li<br>Public support percentage for 2020 Sc<br><b>a 33</b> 1/3% support test—2021. If the   | etc. (see instructi<br>the organization's<br>c Support Pero<br>ne 6, column (f) c<br>thedule A, Part II,<br>organization did n<br>ifies as a publicly   | first, second, third<br>centage<br>livided by line 11,<br>line 14<br>not check the box<br>supported organiz  | d, fourth, or fifth t<br>column (f))<br>on line 13, and lin<br>ation   | ax year as a sectio      | 14<br>15<br>more, check this  | ization, check<br>57.180 %<br>67.420 %<br>box<br>► ☑<br>k this  |
| 10<br>11<br>12<br>13<br><u>9</u><br>14<br>15<br>16;          | income from similar sources<br>Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)<br><b>Total support.</b> Add lines 7 through<br>10<br>Gross receipts from related activities,<br><b>First 5 years.</b> If the Form 990 is for t<br>this box and <b>stop here</b><br><b>Section C. Computation of Publi</b><br>Public support percentage for 2021 (li<br>Public support percentage for 2020 Sc<br>a <b>33</b> 1/3% <b>support test—2021.</b> If the<br>and <b>stop here.</b> The organization qual<br><b>b 33</b> 1/3% support test—2020. If the<br>box and <b>stop here.</b> The organization  | etc. (see instructi<br>the organization's<br><b>c Support Pero</b><br>ne 6, column (f) c<br>thedule A, Part II,<br>organization did n<br>ifies as a publicly<br>e organization did<br>n qualifies as a pul  | first, second, third<br>centage<br>livided by line 11,<br>line 14<br>not check the box<br>supported organiz<br>not check a box co<br>blicly supported or   | d, fourth, or fifth t<br>column (f))<br>on line 13, and lin<br>ation<br>on line 13 or 16a,<br>rganization  | ax year as a section     | 14         15         more, check this  | ization, check<br>57.180 %<br>67.420 %<br>00X<br>► ♥<br>k this<br>► □   |
| 10<br>11<br>12<br>13<br><u>9</u><br>14<br>15<br>16;          | income from similar sources.<br>Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on.<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.).<br><b>Total support.</b> Add lines 7 through<br>10<br>Gross receipts from related activities,<br><b>First 5 years.</b> If the Form 990 is for t<br>this box and <b>stop here</b><br><b>Section C. Computation of Publi</b><br>Public support percentage for 2021 (li<br>Public support percentage for 2020 Sc<br><b>a 33</b> 1/3% <b>support test</b> — <b>2021.</b> If the<br>and <b>stop here.</b> The organization qual<br><b>b 33</b> 1/3% support test—2020. If the  | etc. (see instructi<br>the organization's<br><b>c Support Pero</b><br>ne 6, column (f) c<br>thedule A, Part II,<br>organization did n<br>ifies as a publicly<br>e organization did<br>n qualifies as a pul<br>t <b>-2021.</b> If the or   | first, second, third<br>centage<br>livided by line 11,<br>line 14<br>not check the box<br>supported organiz<br>not check a box of<br>policly supported organization did not  | d, fourth, or fifth t<br>column (f))<br>on line 13, and lin<br>ation<br>on line 13 or 16a,<br>ganization<br>check a box on li  | ax year as a section     | 14         15         more, check this  | ization, check<br>57.180 %<br>67.420 %<br>00X<br>► ♥<br>k this<br>► □<br>% or more,   |
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| 10<br>11<br>12<br>13<br><u>9</u><br>14<br>15<br>16;<br>17;   | income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). <b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for t this box and <b>stop here Section C. Computation of Publi</b> Public support percentage for 2021 (li Public support percentage for 2021. If the and <b>stop here</b> . The organization qual <b>33</b> 1/3% <b>support test—2020.</b> If the box and <b>stop here</b> . The organization qual <b>10%-facts-and-circumstances test 10%-facts-and-circumstances test</b>   | etc. (see instructi<br>the organization's<br><b>c Support Pero</b><br>ne 6, column (f) c<br>thedule A, Part II,<br>organization did n<br>ifies as a publicly<br>e organization did<br>n qualifies as a publicly<br>e organization did<br>t <b>-2021.</b> If the or<br>ts-and-circumstan<br>test. The organiza<br><b>st—2020.</b> If the o   | first, second, third<br>centage<br>livided by line 11,<br>line 14<br>not check the box<br>supported organiz<br>not check a box of<br>plicly supported or<br>ganization did not<br>ces" test, check the<br>tion qualifies as a<br>organization did not  | d, fourth, or fifth t<br>column (f))<br>on line 13, and lin<br>ation<br>on line 13 or 16a,<br>ganization<br>check a box on lin<br>bis box and <b>stop l</b><br>publicly supported<br>ot check a box on   | ax year as a section     | 14         15         more, check this  | ization, check<br>57.180 %<br>67.420 %<br>67.420 %<br>67.420 %<br>00X<br>► ♥<br>k this<br>► ♥<br>% or more,<br>anization<br>► □<br>5 is 10% or  |
| 10<br>11<br>12<br>13<br><u>9</u><br>14<br>15<br>16;<br>17;   | income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). <b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for t this box and <b>stop here Section C. Computation of Publi</b> Public support percentage for 2021 (li Public support percentage for 2021. If the and <b>stop here</b> . The organization qual <b>33</b> 1/3% <b>support test—2020.</b> If the box and <b>stop here</b> . The organization qual <b>10%-facts-and-circumstances tes</b> and if the organization meets the "facts-and-circumstances tes more, and if the organization meets the stop test and the organization meets the stop test and the organization meets the stop test and if the organization test and stop test and the organization meets the stop test and the organization test test and the organization test and the organization test t | etc. (see instructi<br>the organization's<br><b>c Support Pero</b><br>ne 6, column (f) c<br>thedule A, Part II,<br>organization did<br>ifies as a publicly<br>e organization did<br>n qualifies as a publicly<br>e organization did<br>t <b>-2021.</b> If the or<br>ts-and-circumstan<br>test. The organiza<br><b>st-2020.</b> If the of<br>the "facts-and-circu  | first, second, third<br>centage<br>livided by line 11,<br>line 14<br>not check the box<br>supported organiz<br>not check a box of<br>plicly supported or<br>ganization did not<br>ces" test, check the<br>tion qualifies as a<br>organization did not<br>cumstances" test,   | d, fourth, or fifth t<br>column (f))<br>on line 13, and lin<br>ation<br>on line 13 or 16a,<br>ganization<br>check a box on lin<br>bis box and <b>stop l</b><br>publicly supported<br>bit check a box on<br>check this box and  | ax year as a section<br> | 14         15         more, check this         73% or more, check         0, and line 14 is 10         14         15         0, and line 14 is 10         173, and line 15         0, and line 14 is 10         173, and line 15  | ization, check<br>57.180 %<br>67.420 % 67.420 %<br>67.420 %<br>67.420 % |
| 10<br>11<br>12<br>13<br><u>14</u><br>15<br>16;<br>17;<br>17; | income from similar sources.<br>Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on.<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.).<br><b>Total support.</b> Add lines 7 through<br>10<br>Gross receipts from related activities,<br><b>First 5 years.</b> If the Form 990 is for t<br>this box and <b>stop here</b><br><b>Section C. Computation of Publi</b><br>Public support percentage for 2021 (li<br>Public support percentage for 2020 Sc<br><b>a 33</b> 1/3% <b>support test</b> — <b>2021.</b> If the<br>and <b>stop here.</b> The organization qual<br><b>b 33</b> 1/3% <b>support test</b> — <b>2020.</b> If the<br>box and <b>stop here.</b> The organizatior<br><b>a 10%-facts-and-circumstances tes</b><br>and if the organization meets the "facts-<br>meets the "facts-and-circumstances"<br>more, and if the organization meets for<br>meets the "facts-and-circumstances"  | etc. (see instructi<br>the organization's<br><b>c Support Pero</b><br>ne 6, column (f) c<br>thedule A, Part II,<br>organization did<br>ifies as a publicly<br>e organization did<br>t <b>-2021.</b> If the or<br>ts-and-circumstan<br>test. The organiza<br><b>st-2020.</b> If the c<br>the "facts-and-circu<br>test. The organiza  | first, second, third<br>centage<br>livided by line 11,<br>line 14<br>not check the box<br>supported organiz<br>not check a box of<br>plicly supported or<br>ganization did not<br>ces" test, check the<br>tion qualifies as a<br>organization did not<br>cumstances" test,<br>ation qualifies as a                         | d, fourth, or fifth t<br>column (f))<br>on line 13, and lin<br>ation<br>on line 13 or 16a,<br>rganization<br>check a box on linis box and <b>stop l</b><br>publicly supported<br>bot check a box on<br>check this box and<br>a publicly supported  | ax year as a section     | 14         15         more, check this         73% or more, check         9, and line 14 is 10         14         15         0 or more, check         173% or more, check         18         19         19         19         10         11         12         13%         14         15         14         15         14         15         13%         14         15         14         15         14         15         16         17         18         19         10         11         12         13         14         15         15         16         17         18         19         10         11         12         13         14         15         16         17 | ization, check<br>57.180 %<br>67.420 % 67.420 %<br>67.420 %<br>67.420 % |
| 10<br>11<br>12<br>13<br><u>9</u><br>14<br>15<br>16;<br>17;   | income from similar sources.<br>Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on.<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.).<br><b>Total support.</b> Add lines 7 through<br>10<br>Gross receipts from related activities,<br><b>First 5 years.</b> If the Form 990 is for t<br>this box and <b>stop here</b><br><b>Section C. Computation of Publi</b><br>Public support percentage for 2021 (li<br>Public support percentage for 2020 Sc<br><b>a 33</b> 1/3% <b>support test</b> — <b>2021.</b> If the<br>and <b>stop here.</b> The organization qual<br><b>b 33</b> 1/3% <b>support test</b> — <b>2020.</b> If the<br>box and <b>stop here.</b> The organizatior<br><b>a 10%-facts-and-circumstances tes</b><br>and if the organization meets the "facts-<br>meets the "facts-and-circumstances"<br>more, and if the organization meets for<br>meets the "facts-and-circumstances"  | etc. (see instruction<br>the organization's<br><b>C Support Pere</b><br>ne 6, column (f) of<br>the dule A, Part II,<br>organization did no<br>ifies as a publicly<br>e organization did<br>no qualifies as a publicly<br>e organization did<br>no | first, second, third<br>centage<br>livided by line 11,<br>line 14<br>not check the box<br>supported organiz<br>not check a box of<br>olicly supported or<br>rganization did not<br>ces" test, check the<br>tion qualifies as a<br>organization did not<br>sumstances" test,<br>ation qualifies as a<br>a box on line 13, 1 | d, fourth, or fifth t<br>column (f))<br>on line 13, and lin<br>ation<br>on line 13 or 16a,<br>ganization<br>check a box on lin<br>publicly supported<br>theck this box and<br>a publicly supported<br>a publicly supported<br>a factor of the support of the supp | ax year as a section<br> | 14         15         more, check this  | ization, check<br>57.180 %<br>67.420 %<br>67.420 %<br>67.420 %<br>00x<br>► ♥<br>wormore,<br>0 ormore,<br>0 ormor                                   |

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|     | Page 3  |
|-----|---|
|     | Schedule A (Form 990) 2021  |
|     | instructions  |
| 18  | meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization |
| b   | meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization |
| 17a | box and <b>stop here.</b> The organization qualifies as a publicly supported organization                 |
| b   | and stop nere. The organization qualifies as a publicity supported organization                           |

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| Sche | dule A (Form 990) 2021  |                 |                   |                      |                    |                    | Page <b>3</b>      |
|------|---|-----------------|-------------------|----------------------|--------------------|--------------------|--------------------|
| P    | Art III Support Schedule for<br>(Complete only if you c                       | checked the bo  | ox on line 10 of  | f Part I or if the   | organization fa    |                    | nder Part II. If   |
|      | the organization fails to   | o qualify unde  | r the tests liste | ed below, please     | e complete Part    | II.)               |                    |
|      | ction A. Public Support   | 1               | -                 |                      |                    |                    |                    |
|      | ndar year   | (a) 2017        | (b) 2018          | (c) 2019             | (d) 2020           | (e) 2021           | (f) Total          |
|      | fiscal year beginning in)<br>Gifts, grants, contributions, and                |                 |                   |                      |                    |                    |                    |
| 1    | membership fees received. (Do not   |                 |                   |                      |                    |                    |                    |
|      | include any "unusual grants.") .  |                 |                   |                      |                    |                    |                    |
| 2    | Gross receipts from admissions,   |                 |                   |                      |                    |                    |                    |
|      | merchandise sold or services  |                 |                   |                      |                    |                    |                    |
|      | performed, or facilities furnished in   |                 |                   |                      |                    |                    |                    |
|      | any activity that is related to the   |                 |                   |                      |                    |                    |                    |
| -    | organization's tax-exempt purpose   |                 |                   |                      |                    |                    |                    |
| 3    | Gross receipts from activities that are<br>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   |                 |                   |                      |                    |                    |                    |
| 6    | <b>Total.</b> Add lines 1 through 5   |                 |                   |                      |                    |                    |                    |
|      | Amounts included on lines 1, 2, and   |                 |                   |                      |                    |                    |                    |
| 74   | 3 received from disqualified persons  |                 |                   |                      |                    |                    |                    |
| b    | Amounts included on lines 2 and 3   |                 |                   |                      |                    |                    |                    |
|      | received from other than disqualified   |                 |                   |                      |                    |                    |                    |
|      | persons that exceed the greater of \$5,000 or 1% of the amount on line        |                 |                   |                      |                    |                    |                    |
|      | 13 for the year.  |                 |                   |                      |                    |                    |                    |
| с    | Add lines 7a and 7b.  |                 |                   |                      |                    |                    |                    |
| 8    | <b>Public support.</b> (Subtract line 7c                                      |                 |                   |                      |                    |                    |                    |
|      | from line 6.)   |                 |                   |                      |                    |                    |                    |
| Se   | ction B. Total Support  |                 |                   |                      |                    |                    |                    |
|      | endar year  | (a) 2017        | <b>(b)</b> 2018   | (c) 2019             | (d) 2020           | (e) 2021           | (f) Total          |
|      | fiscal year beginning in) 🕨   | (a) 2017        | (b) 2010          | (0) 2015             | ( <b>u</b> ) 2020  | (e) 2021           |                    |
| 9    | Amounts from line 6   |                 |                   |                      |                    |                    |                    |
| 10a  | Gross income from interest,   |                 |                   |                      |                    |                    |                    |
|      | dividends, payments received on securities loans, rents, royalties and        |                 |                   |                      |                    |                    |                    |
|      | income from similar sources.  |                 |                   |                      |                    |                    |                    |
| b    | Unrelated business taxable income   |                 |                   |                      |                    |                    |                    |
|      | (less section 511 taxes) from   |                 |                   |                      |                    |                    |                    |
|      | businesses acquired after June 30,  |                 |                   |                      |                    |                    |                    |
|      | 1975.   |                 |                   |                      |                    |                    |                    |
| c    | Add lines 10a and 10b.  |                 |                   |                      |                    |                    |                    |
| 11   | Net income from unrelated business activities not included on 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.)   | <b> </b>        |                   |                      |                    |                    |                    |
| 13   | Total support. (Add lines 9, 10c, 11, and 12.).                               |                 |                   |                      |                    |                    |                    |
| 14   | <b>First 5 years.</b> If the Form 990 is for t                                | he organization | s first, second t | hird, fourth, or fif | th tax year as a s | ection 501(c)(3) c | rganization. check |
| - 7  | this box and <b>stop here</b> .   | -               |                   |                      | -                  |                    |                    |
| Se   | ection C. Computation of Public   |                 |                   |                      |                    |                    |                    |
| 15   | Public support percentage for 2021 (lin                                       |                 |                   | 13, column (f)).     |                    | 15                 |                    |
| 16   | Public support percentage from 2020 S   |                 | -                 |                      |                    | 16                 |                    |
|      |   | ,               |                   |                      |                    |                    |                    |

Section D. Computation of Investment Income Percentage
Truestment income percentage for 2021 (line 10c column (f) divided by line 13 column (f)) 17

|   | 1975.   |   |   |  |   |   |   |         |               |
|---|---|---|---|--|---|---|---|---------|---------------|
| с   | Add lines 10a and 10b.  |   |   |  | $\downarrow$  |   |   |         |               |
| 11  | Net income from unrelated business activities not included on line 10b,   |   |   |  |   |   |   |         |               |
|   | whether or not the business is  |   |   |  |   |   |   |         |               |
|   | regularly carried on.   |   |   | ļ  |   |   |   |         |               |
| 12  |   |   |   |  | I T   |   |   |         |               |
|   | loss from the sale of capital assets<br>(Explain in Part VI.).  |   |   |  |   |   |   |         |               |
| 13  | Total support. (Add lines 9, 10c,   |   |   |  |   |   |   |         |               |
|   | 11, and 12.)<br>First 5 years. If the Form 990 is for the orga  | nization's fir  | et cocond thir  | d fourth or fifth I  | tax year as a section   | 501(c)(2)   | orgoniza  | tion d  | bock          |
| 14  | this box and <b>stop here</b> .   |   |   |  |   |   | -   |         |               |
| - 60  | ection C. Computation of Public Suppo   |   |   |  |   |   |   |         |               |
| <u> </u>  | Public support percentage for 2021 (line 8, co  |   |   | column (f))  |   | 15  |   |         |               |
|   | Public support percentage from 2020 Schedule  |   |   |  |   |   |   |         |               |
| 16  |   |   |   |  |   | 16  |   |         |               |
| -   | ection D. Computation of Investment<br>Investment income percentage for 2021 (line  |   |   | line 13 column (   | f))   | 1 4 7 1   |   |         |               |
| 17  | Investment income percentage for <b>2021</b> (inter<br>Investment income percentage from <b>2020</b> Sc   |   |   |  |   | 17  |   |         |               |
| 18  |   |   |   |  |   | 18  | line 17   | ie net  |               |
| 19a   | <b>33</b> 1/3% support tests-2021. If the organiz   |   |   |  |   |   |   |         |               |
| L   | more than 33 1/3%, check this box and <b>stop h</b><br><b>33</b> 1/3% support tests—2020. If the organi   | <b>iere.</b> The or   | ganization qual   | ifies as a publicly i  | supported organizati  | ION<br>Nore than 37   |   | nd line | 18 is         |
| D   | not more than 33 1/3%, check this box and <b>st</b>   |   |   |  |   |   |   | _       | 10 15         |
| 20  |   |   |   |  |   |   |   | _       |               |
| 20  | Private foundation. If the organization did r   | not check a t   | box on line 14,   | 19a, or 19b, check   | k this box and see in   | Schedule  |   |         | 2021          |
|   |   |   |   |  |   | Schedule  | A (FOIL   | 11 990) | 2021          |
|   |   |   | D- 1  |  |   |   |   |         |               |
|   |   |   | Page 4  |  |   |   |   |         |               |
|   |   |   |   |  |   |   |   |         |               |
| Scheo   | dule A (Form 990) 2021  |   |   |  |   |   |   | F       | Page <b>4</b> |
| Par   | t IV Supporting Organizations   |   |   |  |   |   |   |         | <u> </u>      |
|   | (Complete only if you checked a box or  |   |   |  |   |   |   |         |               |
|   | box 12b, of Part I, complete Sections A   |   |   | 12c, of Part I, co   | mplete Sections A, D  | ), and E. If  | ou cheo   | cked bo | x             |
|   | 12d, of Part I, complete Sections A and   | •   | nplete Part V.)   |  |   |   |   |         |               |
| Se  | ection A. All Supporting Organizations  | 5   |   |  |   |   |   |         |               |
|   |   |   |   |  |   |   |   | Ne -    | NI -          |
|   |   |   |   |  |   |   |   | Yes     | No            |
| 1   | Are all of the organization's supported organiz   |   |   |  |   |   |   | Yes     | No            |
| 1   | If "No," describe in Part VI how the supporte   | d organizati  | ons are designa   |  |   |   |   | Yes     | No            |
|   | If "No," describe in <b>Part VI</b> how the supporte describe the designation. If historic and contin   | d organizatio<br>nuing relatio  | ons are designa<br>nship, explain.  | ted. If designated   | by class or purpose   | ·/  | 1   | Yes     | No            |
| 1<br>2  | If "No," describe in <b>Part VI</b> how the supporte<br>describe the designation. If historic and contin<br>Did the organization have any supported orga  | d organization<br>nuing relation<br>nization that   | ons are designa<br>nship, explain.<br>t does not have   | an IRS determina   | <i>by class or purpose</i><br>bation of status under  | ,<br>section  | 1   | Yes     | No            |
|   | If "No," describe in <b>Part VI</b> how the supporte describe the designation. If historic and contin   | d organization<br>nuing relation<br>nization that   | ons are designa<br>nship, explain.<br>t does not have   | an IRS determina   | <i>by class or purpose</i><br>bation of status under  | ,<br>section  |   | Yes     | No            |
| 2   | If "No," describe in <b>Part VI</b> how the supported describe the designation. If historic and contine Did the organization have any supported orga 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> described in section 509(a)(1) or (2).   | d organization<br>nuing relation<br>nization tha<br>how the org   | ons are designa<br>nship, explain.<br>t does not have<br>anization deten  | ted. If designated<br>an IRS determina<br>mined that the su  | by class or purpose<br>ation of status under<br>pported organization  | section<br>was  | 2   | Yes     | No            |
|   | If "No," describe in <b>Part VI</b> how the supported describe the designation. If historic and contine Did the organization have any supported orgation (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> described in section 509(a)(1) or (2). Did the organization have a supported organization have a support org                                | d organization<br>nuing relation<br>nization tha<br>how the org   | ons are designa<br>nship, explain.<br>t does not have<br>anization deten  | ted. If designated<br>an IRS determina<br>mined that the su  | by class or purpose<br>ation of status under<br>pported organization  | section<br>was  | 2   | Yes     | No            |
| 2   | If "No," describe in <b>Part VI</b> how the supported describe the designation. If historic and contine Did the organization have any supported orga 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> described in section 509(a)(1) or (2).   | d organization<br>nuing relation<br>nization tha<br>how the org   | ons are designa<br>nship, explain.<br>t does not have<br>anization deten  | ted. If designated<br>an IRS determina<br>mined that the su  | by class or purpose<br>ation of status under<br>pported organization  | section<br>was  | 2   | Yes     | No            |
| 2   | If "No," describe in <b>Part VI</b> how the supported describe the designation. If historic and contine Did the organization have any supported orgation (1) or (2)? If "Yes," explain in <b>Part VI</b> described in section 509(a)(1) or (2). Did the organization have a supported organization below. Did the organization confirm that each supported support the organization confirm that each support the support of the organization confirm that each support the organization confirm the organi                                | d organization<br>nuing relation<br>nization that<br>how the org<br>zation descri   | ons are designa<br>nship, explain.<br>t does not have<br>anization detern<br>bed in section 5<br>ation qualified u  | an IRS determina<br>mined that the su<br>501(c)(4), (5), or<br>nder section 501(   | by class or purpose<br>ation of status under<br>pported organization<br>(6)? If "Yes," answe<br>c)(4), (5), or (6) and  | r section<br>n was<br>r lines 3b ar<br>d satisfied  | <b>2</b>  | Yes     | No            |
| 2<br>3a   | If "No," describe in <b>Part VI</b> how the supported describe the designation. If historic and contine Did the organization have any supported orgation (2)? If "Yes," explain in <b>Part VI</b> described in section 509(a)(1) or (2). Did the organization have a supported organization below. Did the organization confirm that each support the public support tests under section 509(a)(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)  | d organization<br>nuing relation<br>nization that<br>how the org<br>zation descri   | ons are designa<br>nship, explain.<br>t does not have<br>anization detern<br>bed in section 5<br>ation qualified u  | an IRS determina<br>mined that the su<br>501(c)(4), (5), or<br>nder section 501(   | by class or purpose<br>ation of status under<br>pported organization<br>(6)? If "Yes," answe<br>c)(4), (5), or (6) and  | r section<br>n was<br>r lines 3b ar<br>d satisfied  | 2<br>0d<br>3a   | Yes     | No            |
| 2<br>3a   | If "No," describe in <b>Part VI</b> how the supported describe the designation. If historic and contine Did the organization have any supported orgation 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> described in section 509(a)(1) or (2). Did the organization have a supported organization below. Did the organization confirm that each support the public support tests under section 509(a)(determination.   | d organization<br>nuing relation<br>how the org<br>zation descrit<br>ted organiza<br>(2)? If "Yes,"   | ons are designa<br>nship, explain.<br>t does not have<br>anization detern<br>bed in section 5<br>ation qualified u<br>" describe in <b>Pa</b>   | an IRS determina<br>mined that the sup<br>501(c)(4), (5), or<br>nder section 501(<br><b>rt VI</b> when and h   | by class or purpose<br>ation of status under<br>pported organization<br>(6)? If "Yes," answer<br>c)(4), (5), or (6) and<br>ow the organization  | r section<br>n was<br>r lines 3b ar<br>d satisfied<br>made the  | <b>2</b>  | Yes     | No            |
| 2<br>3a   | If "No," describe in <b>Part VI</b> how the supported describe the designation. If historic and contine Did the organization have any supported orgation (1) or (2)? If "Yes," explain in <b>Part VI</b> described in section 509(a)(1) or (2). Did the organization have a supported organization below. Did the organization confirm that each support the public support tests under section 509(a)(determination. Did the organization ensure that all support to the support to the organization ensure that all support to the support test of the organization ensure that all support to the organization ensure the to the organization ensure the to the organization ensure the organizat                                | d organization<br>nuing relation<br>nization that<br>how the org<br>zation descrit<br>rted organiza<br>(2)? If "Yes,"   | ons are designa<br>nship, explain.<br>t does not have<br>anization detern<br>bed in section 5<br>ation qualified u<br>" describe in <b>Pa</b><br>sizations was us   | an IRS determina<br>mined that the su<br>501(c)(4), (5), or<br>nder section 501(<br><b>rt VI</b> when and h<br>ed exclusively for  | by class or purpose<br>ation of status under<br>pported organization<br>(6)? If "Yes," answer<br>c)(4), (5), or (6) and<br>ow the organization<br>section 170(c)(2)(B   | r section<br>n was<br>r lines 3b ar<br>d satisfied<br>made the  | 2<br>0d<br>3a   | Yes     | No            |
| 2<br>3a<br>b                                      | If "No," describe in <b>Part VI</b> how the supported describe the designation. If historic and contine Did the organization have any supported orgation 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> described in section 509(a)(1) or (2). Did the organization have a supported organization below. Did the organization confirm that each support the public support tests under section 509(a)(determination.   | d organization<br>nuing relation<br>nization that<br>how the org<br>zation descrit<br>rted organiza<br>(2)? If "Yes,"   | ons are designa<br>nship, explain.<br>t does not have<br>anization detern<br>bed in section 5<br>ation qualified u<br>" describe in <b>Pa</b><br>sizations was us   | an IRS determina<br>mined that the su<br>501(c)(4), (5), or<br>nder section 501(<br><b>rt VI</b> when and h<br>ed exclusively for  | by class or purpose<br>ation of status under<br>pported organization<br>(6)? If "Yes," answer<br>c)(4), (5), or (6) and<br>ow the organization<br>section 170(c)(2)(B   | r section<br>n was<br>r lines 3b ar<br>d satisfied<br>made the  | 2<br>0d<br>3a   | Yes     |               |
| 2<br>3a<br>b                                      | If "No," describe in <b>Part VI</b> how the supported describe the designation. If historic and contine Did the organization have any supported orgation 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> described in section 509(a)(1) or (2). Did the organization have a supported organization below. Did the organization confirm that each support the public support tests under section 509(a)( <i>determination</i> . Did the organization ensure that all support to If "Yes," explain in <b>Part VI</b> what controls the Was any supported organization not organization for the organization of the organization for the formation of the public support tests under section 509(a) (a termination. Did the organization ensure that all support to If "Yes," explain in <b>Part VI</b> what controls the test was any supported organization not organized organization for the organization for organization for organization for the organization for organization for organization for organization for the organization for organization for the organizatio               | d organization<br>nuing relation<br>how the org<br>zation descri<br>ted organiza<br>(2)? If "Yes,"<br>o such organ<br>organization<br>d in the Unit   | ons are designa<br>nship, explain.<br>t does not have<br>anization detern<br>bed in section 5<br>ation qualified u<br>" describe in <b>Pa</b><br>nizations was us<br>o put in place to<br>ed States ("fore  | ted. If designated<br>an IRS determina<br>mined that the sup<br>501(c)(4), (5), or<br>nder section 501(<br><b>rt VI</b> when and h<br>ed exclusively for<br>ensure such use.   | by class or purpose<br>ation of status under<br>pported organization<br>(6)? If "Yes," answer<br>c)(4), (5), or (6) and<br>ow the organization<br>section 170(c)(2)(B   | s section<br>o was<br>r lines 3b ar<br>d satisfied<br>made the<br>) purposes?   | 2<br>3a<br>3b   | Yes     |               |
| 2<br>3a<br>b<br>c                                 | If "No," describe in <b>Part VI</b> how the supported describe the designation. If historic and contine Did the organization have any supported orgation 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> described in section 509(a)(1) or (2). Did the organization have a supported organization below. Did the organization confirm that each support the public support tests under section 509(a)(determination. Did the organization ensure that all support to If "Yes," explain in <b>Part VI</b> what controls the organization in <b>Part VI</b> what controls the organization ensure that all support to the organization ensure that all support to the organization in <b>Part VI</b> what controls the organization in <b>Part VI</b> what controls the organization in <b>Part VI</b> what controls the organization is the organization in <b>Part VI</b> what controls the organization is the organization of the organization is the organization of the organization ensure that all support to the organization is the organization of the organization of the organization of the organization of the organization ensure that all support to the organization of the organizatio  | d organization<br>nuing relation<br>how the org<br>zation descri<br>ted organiza<br>(2)? If "Yes,"<br>o such organ<br>organization<br>d in the Unit   | ons are designa<br>nship, explain.<br>t does not have<br>anization detern<br>bed in section 5<br>ation qualified u<br>" describe in <b>Pa</b><br>nizations was us<br>o put in place to<br>ed States ("fore  | ted. If designated<br>an IRS determina<br>mined that the sup<br>501(c)(4), (5), or<br>nder section 501(<br><b>rt VI</b> when and h<br>ed exclusively for<br>ensure such use.   | by class or purpose<br>ation of status under<br>pported organization<br>(6)? If "Yes," answer<br>c)(4), (5), or (6) and<br>ow the organization<br>section 170(c)(2)(B   | s section<br>o was<br>r lines 3b ar<br>d satisfied<br>made the<br>) purposes?   | 2<br>3a<br>3b   | Yes     |               |
| 2<br>3a<br>b<br>c                                 | If "No," describe in <b>Part VI</b> how the supported describe the designation. If historic and contine Did the organization have any supported orgation (2)? If "Yes," explain in <b>Part VI</b> described in section 509(a)(1) or (2). Did the organization have a supported organization below. Did the organization confirm that each support the public support tests under section 509(a)( <i>determination</i> . Did the organization ensure that all support to If "Yes," explain in <b>Part VI</b> what controls the Was any supported organization not organized checked box 12a or 12b in Part I, answer lines. Did the organization have ultimate control and the organization control and the organization have ultimate control and the organization control and the organization control an                    | d organization<br>nuing relation<br>how the org<br>zation descri<br>rted organization<br>(2)? If "Yes,"<br>o such organ<br>organization<br>d in the Unit<br>s 4b and 4c<br>d discretion   | ons are designa<br>nship, explain.<br>t does not have<br>anization detern<br>bed in section 5<br>ation qualified u<br>" describe in <b>Pa</b><br>lizations was us<br>o put in place to<br>below.<br>in deciding whe   | ted. If designated<br>an IRS determina<br>mined that the sup<br>501(c)(4), (5), or<br>nder section 501(<br><b>rt VI</b> when and h<br>ed exclusively for<br>ensure such use.<br>sign supported org<br>ther to make gran  | by class or purpose<br>ation of status under<br>pported organization<br>(6)? If "Yes," answer<br>c)(4), (5), or (6) and<br>ow the organization<br>section 170(c)(2)(B<br>panization")? If "Yes?   | y<br>section<br>was<br>r lines 3b ar<br>d satisfied<br>made the<br>) purposes?<br>" and if you<br>oported   | 2<br>3a<br>3b<br>3c<br>4a   | Yes     |               |
| 2<br>3a<br>b<br>c<br>4a                           | If "No," describe in <b>Part VI</b> how the supported describe the designation. If historic and contine Did the organization have any supported orgation 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> described in section 509(a)(1) or (2). Did the organization have a supported organization below. Did the organization confirm that each support the public support tests under section 509(a)( <i>a</i> ) determination. Did the organization ensure that all support to If "Yes," explain in <b>Part VI</b> what controls the Was any supported organization not organized checked box 12a or 12b in Part I, answer lines. Did the organization have ultimate control and organization? If "Yes," describe in <b>Part VI</b> how the support of the organization have ultimate control and organization? If "Yes," describe in <b>Part VI</b> how the support of the organization have ultimate control and organization? If "Yes," describe in <b>Part VI</b> how the support of the organization have ultimate control and organization? If "Yes," describe in <b>Part VI</b> how the support of the organization have ultimate control and organization? If "Yes," describe in <b>Part VI</b> how the support of the organization have ultimate control and organization? If "Yes," describe in <b>Part VI</b> how the support of the organization? If "Yes," describe in <b>Part VI</b> how the support of the organization? If "Yes," describe in <b>Part VI</b> how the support of the organization?  | d organization<br>nuing relation<br>how the org<br>zation descri<br>rted organization<br>(2)? If "Yes,"<br>o such organ<br>organization<br>d in the Unit<br>s 4b and 4c<br>d discretion<br>w the organ  | ons are designa<br>nship, explain.<br>t does not have<br>anization detern<br>bed in section 5<br>ation qualified u<br>" describe in <b>Pa</b><br>izations was us<br>put in place to<br>below.<br>in deciding whe<br>ization had such  | ted. If designated<br>an IRS determina<br>mined that the sup<br>501(c)(4), (5), or<br>nder section 501(<br><b>rt VI</b> when and h<br>ed exclusively for<br>ensure such use.<br>sign supported org<br>ther to make gran  | by class or purpose<br>ation of status under<br>pported organization<br>(6)? If "Yes," answer<br>c)(4), (5), or (6) and<br>ow the organization<br>section 170(c)(2)(B<br>panization")? If "Yes?   | y<br>section<br>was<br>r lines 3b ar<br>d satisfied<br>made the<br>) purposes?<br>" and if you<br>oported   | 2<br>3a<br>3b<br>3c<br>4a   | Yes     |               |
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| 2<br>3a<br>b<br>c<br>4a<br>b<br>c<br>5a           | <ul> <li>If "No," describe in <b>Part VI</b> how the supported describe the designation. If historic and contine Did the organization have any supported orgation 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> described in section 509(a)(1) or (2).</li> <li>Did the organization have a supported organization below.</li> <li>Did the organization confirm that each support the public support tests under section 509(a)(<i>a</i>) determination.</li> <li>Did the organization ensure that all support to If "Yes," explain in <b>Part VI</b> what controls the Was any supported organization not organized checked box 12a or 12b in Part I, answer lines:</li> <li>Did the organization support any foreign support to support any foreign support to the foreign supported organization was usee</li> <li>Did the organization add, substitute, or removed and 5c below (if applicable). Also, provide det organizations added, substituted, or removed organizations organization do substituted, or removed organizations organization add, substituted, or supervised by and to the organization add, substituted, or removed organizations added, substituted, or removed organizations organizing document).</li> <li>Type I or Type II only. Was any added or support of the organization organizing document).</li> </ul>  | d organization<br>nuing relation<br>nization that<br>how the org<br>zation descrit<br>ted organization<br>organization<br>d in the Unit<br>s 4b and 4c<br>d discretion<br>w the organization<br>d discretion<br>d discretion<br>d discretion<br>w the organization<br>d discretion<br>d d discretion<br>d d discretion<br>d d d d d d d d d d d d d d d d d d d | ons are designa<br>nship, explain.<br>t does not have<br>anization detern<br>bed in section 5<br>ation qualified u<br>" describe in <b>Pa</b><br>izations was us<br>o put in place to<br>ed States ("fore<br>below.<br>in deciding whe<br>ization had such<br>ations.<br>ization that doe<br><b>VI</b> what control<br>y for section 17<br>orted organizati<br><b>I</b> , including (i)<br>sons for each s<br>on; and (iv) how  | ted. If designated<br>an IRS determina<br>mined that the sup<br>501(c)(4), (5), or<br>nder section 501(<br><b>rt VI</b> when and h<br>ed exclusively for<br>ensure such use.<br>sign supported org<br>ther to make gran<br>or control and discr<br>s not have an IRS<br>s the organization<br>O(c)(2)(B) purpos<br>ons during the tax<br>the names and EI<br>uch action; (iii) the<br>or the action was an<br>zation part of a cl  | by class or purpose<br>ation of status under<br>pported organization<br>(6)? If "Yes," answel<br>(6)? If "Yes," answel<br>(6)? If "Yes," answel<br>(1)(4), (5), or (6) and<br>ow the organization<br>section 170(c)(2)(B)<br>(1)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)   | r section<br>o was<br>r lines 3b ar<br>d satisfied<br>made the<br>) purposes?<br>" and if you<br>opported<br>controlled o<br>er sections<br>t all support<br>wer lines 5b<br>ipported<br>e<br>s by  | 2<br>3a<br>3b<br>3c<br>4a<br>4b<br>4c<br>5a                         | Yes     |               |
| 2<br>3a<br>b<br>c<br>4a<br>b<br>c<br>5a<br>5a     | <ul> <li>If "No," describe in <b>Part VI</b> how the supported describe the designation. If historic and contine Did the organization have any supported orgation (1) or (2)? If "Yes," explain in <b>Part VI</b> described in section 509(a)(1) or (2).</li> <li>Did the organization have a supported organizato below.</li> <li>Did the organization confirm that each support the public support tests under section 509(a)(<i>determination</i>.</li> <li>Did the organization ensure that all support to <i>If "Yes," explain in <b>Part VI</b> what controls the VI what controls the foreign supported organization not organized box 12a or 12b in Part I, answer lines:</i></li> <li>Did the organization have ultimate control and organization? If "Yes," describe in <b>Part VI b</b> boy supported organization with its support to the foreign supported organization with its support to the foreign supported organization was used Did the organization add, substitute, or removed, organization's organizing document.</li> <li>Type I or Type II only. Was any added or supported organization's organizing document?</li> </ul>   | d organization<br>nuing relation<br>inization that<br>how the org<br>zation descri<br>ted organization<br>(2)? If "Yes,"<br>o such organization<br>organization<br>d in the Unit<br>s 4b and 4c<br>d discretion<br>w the organiz<br>ted organization<br>d discretion<br>w the organization<br>d discretion<br>w the organization<br>d discretion<br>w the organization<br>ted exclusivel<br>we any support<br>tail in <b>Part V</b><br>; (ii) the rea<br>and such action<br>ubstituted su   | ons are designa<br>nship, explain.<br>t does not have<br>anization detern<br>bed in section 5<br>ation qualified u<br>" describe in <b>Pa</b><br>izations was us<br>o put in place to<br>ed States ("fore<br>below.<br>in deciding whe<br>ization had such<br>ations.<br>ization that doe<br><b>VI</b> what control<br><b>VI</b> what control<br><b>VI</b> what control<br><b>VI</b> what control<br><b>VI</b> including (i)<br>sons for each so<br>in; and (iv) how<br>upported organia  | ted. If designated<br>an IRS determina<br>mined that the sup<br>501(c)(4), (5), or<br>nder section 501(<br><b>rt VI</b> when and h<br>ed exclusively for<br><i>ensure such use</i> .<br>tign supported org<br>ther to make gran<br><i>a control and discr</i><br>s not have an IRS<br><i>s the organization</i><br><i>0(c)(2)(B) purpos</i><br>ons during the tax<br><i>the names and EI</i><br><i>uch action; (iii) the</i><br><i>the action was an</i><br>zation part of a cl<br>the organization's  | by class or purpose<br>ation of status under<br>ported organization<br>(6)? If "Yes," answer<br>c)(4), (5), or (6) and<br>ow the organization<br>section 170(c)(2)(B<br>ganization")? If "Yes"<br>ats to the foreign sup<br>retion despite being of<br>determination under<br>used to ensure that<br>es.<br>(year? If "Yes," answ<br>we authority under that<br>ccomplished (such at<br>ass already designat<br>control?  | <ul> <li>section</li> <li>was</li> <li>r lines 3b ar</li> <li>d satisfied</li> <li>made the</li> <li>) purposes?</li> <li>and if you</li> <li>oported</li> <li>controlled o</li> <li>er sections</li> <li>t all support</li> <li>wer lines 5b</li> <li>upported</li> <li>e s by</li> <li>eed in the</li> </ul>  | 2<br>3a<br>3b<br>3b<br>3c<br>4a<br>4a<br>4b<br>4c<br>5a<br>5b<br>5c | Yes     |               |
| 2<br>3a<br>b<br>c<br>4a<br>b<br>c<br>5a<br>b<br>c | <ul> <li>If "No," describe in <b>Part VI</b> how the supported describe the designation. If historic and contine Did the organization have any supported orgation (1) or (2)? If "Yes," explain in <b>Part VI</b> described in section 509(a)(1) or (2).</li> <li>Did the organization have a supported organization below.</li> <li>Did the organization confirm that each support the public support tests under section 509(a)(<i>determination</i>.</li> <li>Did the organization ensure that all support to <i>If "Yes," explain in <b>Part VI</b> what controls the VI what controls the foreign in <b>Part VI</b> what controls the Visa any supported organization not organized checked box 12a or 12b in Part I, answer lines:</i></li> <li>Did the organization support any foreign support to the foreign supported organization was uses</li> <li>Did the organization add, substituted, or removand 5c below (if applicable). Also, provide det organization's organizing document).</li> <li>Type I or Type II only. Was the substitution the Did the organization provide support (whether than (i) its supported organizations, (ii) individing the organization provide support (whether than (i) its supported organizations, (ii) individing the organization provide support (whether than (i) its supported organizations, (ii) individing the organization provide support (whether than (i) its supported organizations, (ii) individing the organization provide support (whether than (i) its supported organizations, (ii) individing the organization provide support (whether than (i) its supported organizations, (ii) individing the organization provide support (whether than (i) its supported organizations, (ii) individing the organization is organizations, (ii) individing the organization provide support (whether than (i) its supported organizations, (ii) individing the organization is organizations, (iii) individing the organization is organiza</li></ul> | d organization<br>nuing relation<br>how the org<br>zation descri<br>ted organization<br>(2)? If "Yes,"<br>o such organ<br>organization<br>d in the Unit<br>s 4b and 4c<br>d discretion<br>w the organiza-<br>ted organiza-<br>ted organiza-<br>ted organiza-<br>ted organiza-<br>ted organiza-<br>ted exclusivel<br>we any support<br>ail in <b>Part V</b><br>(ii) the rea-<br>tog such action<br>ubstituted su<br>e result of an<br>r in the form<br>duals that ail  | ons are designa<br>nship, explain.<br>t does not have<br>anization detern<br>bed in section 5<br>ation qualified u<br>" describe in <b>Pa</b><br>izations was us<br>put in place to<br>ed States ("fore<br>below.<br>in deciding whe<br>ization had such<br>ations.<br>ization that doe<br><b>VI</b> what control<br>y for section 17<br>orted organizati<br><b>T</b> , including (i)<br>sons for each si<br>on; and (iv) how<br>upported organi<br>a event beyond for<br>the part of the ch  | ted. If designated<br>an IRS determina<br>mined that the sup<br>501(c)(4), (5), or<br>nder section 501(<br><b>rt VI</b> when and h<br>ed exclusively for<br>ensure such use.<br>bign supported org<br>ther to make gran<br>to control and discr<br>s not have an IRS<br>s the organization<br>O(c)(2)(B) purpos<br>ons during the tax<br>the names and EI<br>uch action; (iii) the<br>the action was an<br>zation part of a cl<br>the organization's<br>e provision of sem-<br>naritable class ben   | by class or purpose<br>ation of status under<br>pported organization<br>(6)? If "Yes," answell<br>(6)? If "Yes," answell<br>(6)? If "Yes," answell<br>(6)? If "Yes," answell<br>ow the organization<br>section 170(c)(2)(B)<br>(9)<br>(1) (1) (2) (2)<br>(1) (2) (2) (3)<br>(2) (3) (2) (2) (3)<br>(3) (4) (2) (2) (2)<br>(3) (4) (2) (2) (2)<br>(4) (2) (2) (2) (2)<br>(4) (2) (2) (2) (2)<br>(4) (2) (2) (2) (2)<br>(5) (4) (2) (2) (2)<br>(5) (4) (2) (2) (2)<br>(5) (4) (2) (2) (2)<br>(5) (4) (2) (2) (2)<br>(6) (4) (2) (2) (2) (2)<br>(6) (4) (2) (2) (2) (2)<br>(6) (4) (2) (2) (2) (2)<br>(6) (2) (2) (2) (2) (2)<br>(6) (2) (2) (2) (2) (2) (2)<br>(6) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2 | r lines 3b ar<br>r lines 3b ar<br>d satisfied<br>made the<br>) purposes?<br>" and if you<br>oported<br>controlled o<br>er sections<br>t all support<br>wer lines 5b<br>upported<br>e<br>s by<br>ted in the<br>anyone oth-<br>re of its  | 2<br>3a<br>3b<br>3b<br>3c<br>4a<br>4a<br>4b<br>4c<br>5a<br>5b<br>5c | Yes     |               |
| 2<br>3a<br>b<br>c<br>4a<br>b<br>c<br>5a<br>b<br>c | <ul> <li>If "No," describe in <b>Part VI</b> how the supported describe the designation. If historic and contine Did the organization have any supported orgation 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> described in section 509(a)(1) or (2).</li> <li>Did the organization have a supported organization below.</li> <li>Did the organization confirm that each support the public support tests under section 509(a)(<i>determination</i>.</li> <li>Did the organization ensure that all support to <i>If "Yes," explain in <b>Part VI</b> what controls the Was any supported organization not organized checked box 12a or 12b in Part I, answer lines:</i></li> <li>Did the organization support any foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> hor supervised by or in connection with its support to the foreign supported organization was used organizations added, substituted, or removed, organizations added, substituted, or removed, organization's organizing document.</i></li> <li><b>Type I or Type II only.</b> Was the substitution the Did the organization provide support (whether than (i) its supported organizations, or (iii) other support.</li> </ul>   | d organization<br>nuing relation<br>how the org<br>zation descri<br>ted organization<br>(2)? If "Yes,"<br>o such organ<br>organization<br>d in the Unit<br>s 4b and 4c<br>d discretion<br>w the organiza-<br>ted organiza-<br>ted organiza-<br>ted organiza-<br>ted exclusivel<br>we any suppo<br>call in <b>Part V</b><br>; (ii) the rea-<br>tog such action<br>ubstituted su<br>e result of an<br>r in the form<br>duals that an-<br>cing organiza-   | ons are designa<br>nship, explain.<br>t does not have<br>anization detern<br>bed in section 5<br>ation qualified u<br>" describe in <b>Pa</b><br>izations was us<br>put in place to<br>ed States ("fore<br>below.<br>in deciding whe<br>ization had such<br>ations.<br>ization that doe<br><b>VI</b> what control<br>y for section 17<br>orted organizati<br><b>II</b> , including (i)<br>sons for each so<br>in; and (iv) how<br>upported organi<br>of grants or the<br>re part of the ch<br>tions that also   | ted. If designated<br>an IRS determina<br>mined that the sup<br>501(c)(4), (5), or<br>nder section 501(<br><b>rt VI</b> when and he<br>ed exclusively for<br>ensure such use.<br>bign supported org<br>ther to make gran<br>to control and discr<br>s not have an IRS<br>s the organization<br>O(c)(2)(B) purpos<br>ons during the tax<br>the names and EI<br>uch action; (iii) th<br>or the action was an<br>zation part of a cl<br>the organization's<br>e provision of servi-<br>naritable class ben<br>support or benefit                  | by class or purpose<br>ation of status under<br>pported organization<br>(6)? If "Yes," answell<br>(6)? If "Yes," answell<br>(6)? If "Yes," answell<br>(6)? If "Yes," answell<br>ow the organization<br>section 170(c)(2)(B)<br>(9)<br>(1) (1) (2) (2)<br>(1) (2) (2) (3)<br>(2) (3) (2) (2) (3)<br>(3) (4) (2) (2) (2)<br>(3) (4) (2) (2) (2)<br>(4) (2) (2) (2) (2)<br>(4) (2) (2) (2) (2)<br>(4) (2) (2) (2) (2)<br>(5) (4) (2) (2) (2)<br>(5) (4) (2) (2) (2)<br>(5) (4) (2) (2) (2)<br>(5) (4) (2) (2) (2)<br>(6) (4) (2) (2) (2) (2)<br>(6) (4) (2) (2) (2) (2)<br>(6) (4) (2) (2) (2) (2)<br>(6) (2) (2) (2) (2) (2)<br>(6) (2) (2) (2) (2) (2) (2)<br>(6) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2 | r lines 3b ar<br>r lines 3b ar<br>d satisfied<br>made the<br>) purposes?<br>" and if you<br>oported<br>controlled o<br>er sections<br>t all support<br>wer lines 5b<br>upported<br>e<br>s by<br>ted in the<br>anyone oth-<br>re of its  | 2<br>3a<br>3b<br>3b<br>3c<br>4a<br>4a<br>4c<br>5a<br>5b<br>5c       | Yes     |               |
| 2<br>3a<br>b<br>c<br>4a<br>b<br>c<br>5a<br>b<br>c | <ul> <li>If "No," describe in <b>Part VI</b> how the supported describe the designation. If historic and contine Did the organization have any supported orgation (1) or (2)? If "Yes," explain in <b>Part VI</b> described in section 509(a)(1) or (2).</li> <li>Did the organization have a supported organization below.</li> <li>Did the organization confirm that each support the public support tests under section 509(a)(<i>determination</i>.</li> <li>Did the organization ensure that all support to <i>If "Yes," explain in <b>Part VI</b> what controls the VI what controls the foreign in <b>Part VI</b> what controls the Visa any supported organization not organized checked box 12a or 12b in Part I, answer lines:</i></li> <li>Did the organization support any foreign support to the foreign supported organization was uses</li> <li>Did the organization add, substituted, or removand 5c below (if applicable). Also, provide det organization's organizing document).</li> <li>Type I or Type II only. Was the substitution the Did the organization provide support (whether than (i) its supported organizations, (ii) individing the organization provide support (whether than (i) its supported organizations, (ii) individing the organization provide support (whether than (i) its supported organizations, (ii) individing the organization provide support (whether than (i) its supported organizations, (ii) individing the organization provide support (whether than (i) its supported organizations, (ii) individing the organization provide support (whether than (i) its supported organizations, (ii) individing the organization provide support (whether than (i) its supported organizations, (ii) individing the organization is organizations, (ii) individing the organization provide support (whether than (i) its supported organizations, (ii) individing the organization is organizations, (iii) individing the organization is organiza</li></ul> | d organization<br>nuing relation<br>inization that<br>how the org<br>zation descri<br>ted organization<br>organization<br>d in the Unit<br>s 4b and 4c<br>d discretion<br>w the organiza-<br>ted organization<br>d discretion<br>an in <b>Part</b> 1<br>w the organiza-<br>ted organization<br>(i) the rea<br>ported organiza-<br>ted exclusive)<br>we any suppor<br>tail in <b>Part V</b><br>; (ii) the rea<br>and such action<br>ubstituted su<br>e result of an<br>r in the form<br>duals that an<br>ing organization<br>(i) provide of<br>the form  | ons are designa<br>nship, explain.<br>t does not have<br>anization detern<br>bed in section 5<br>ation qualified u<br>" describe in <b>Pa</b><br>izations was us<br>o put in place to<br>ed States ("fore<br>below.<br>in deciding whe<br>ization had such<br>ations.<br>ization that doe<br><b>VI</b> what control<br><b>VI</b> what c | ted. If designated<br>an IRS determina<br>mined that the sup<br>501(c)(4), (5), or<br>nder section 501(<br><b>rt VI</b> when and h<br>ed exclusively for<br><i>ensure such use</i> .<br>tign supported org<br>ther to make gran<br>or control and discr<br>s not have an IRS<br>s the organization<br>0(c)(2)(B) purpos<br>ons during the tax<br>the names and EI<br>uch action; (iii) the<br>the action was and<br>zation part of a cl<br>the organization's<br>e provision of sem<br>naritable class ben<br>support or benefit<br><b>I</b> . | by class or purpose<br>ation of status under<br>ported organization<br>(6)? If "Yes," answer<br>c)(4), (5), or (6) and<br>ow the organization<br>section 170(c)(2)(B<br>ganization")? If "Yes"<br>ats to the foreign sup<br>retion despite being of<br>determination under<br>used to ensure that<br>es.<br>(year? If "Yes," answ<br>with a complished (such at<br>ass already designat<br>control?<br>vices or facilities) to<br>refited by one or more<br>one or more of the  | <ul> <li>section</li> <li>was</li> <li>r lines 3b ar</li> <li>d satisfied</li> <li>made the</li> <li>) purposes?</li> <li>and if you</li> <li>oported</li> <li>controlled o</li> <li>er sections</li> <li>t all support</li> <li>wer lines 5b</li> <li>upported</li> <li>e s by</li> <li>ted in the</li> <li>anyone other</li> <li>re of its</li> <li>filing</li> </ul> | 2<br>3a<br>3b<br>3b<br>3c<br>4a<br>4a<br>4b<br>4c<br>5a<br>5b<br>5c | Yes     |               |

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial 7

|     | Schedule A  | (Form 9 | 90) 2 | 2021 |
|-----|---|---------|-------|------|
| 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).  | 10b     |       |      |
| 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.   | 10a     |       |      |
| с   | Did a disqualified person (as defined on 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 <b>Part VI</b> .  | 9c      |       |      |
| b   | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes, " provide detail in <b>Part VI.</b>   | 9b      |       |      |
| 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 <b>Part VI</b> .   | 9a      |       |      |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).   | 8       |       |      |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).  | 7       |       |      |
| 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? <i>If "Yes," provide detail in Part VI.</i>  | 6       |       |      |
| С   | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c      |       |      |
| b   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  | 5b      |       |      |
| 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 <b>Part VI</b> , 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). | 5a      |       |      |
| с   | Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in <b>Part VI</b> 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.   | 4c      |       |      |
|     | · · · ·   |         |       |      |

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Schedule A (Form 990) 2021

| Par | rt IV Supporting Organizations (continued)  |     |     |    |
|-----|---|-----|-----|----|
|     |   |     | Yes | No |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?   |     |     |    |
| а   |   |     |     |    |
|     | governing body of a supported organization?   | 11a |     |    |
| b   | A family member of a person described on 11a above?   | 11b |     |    |
| с   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b> VI. | 11c |     |    |

# Section B. Type I Supporting Organizations

- 1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If* "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

# Section C. Type II Supporting Organizations

|   |  |   | 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 <b>Part VI</b> how control or management of the |   |     |    |
|   | supporting organization was vested in the same persons that controlled or managed the supported organization(s).   | 1 |     |    |

# Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax vear, (i) a written notice describing the type and amount of support provided during the prior tax vear, (ii) a copy of the

Yes No

Page 5

Yes

1

2

No

remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If* "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

| 1 |  |
|---|--|
|   |  |
| 2 |  |

### Section C. Type II Supporting Organizations

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the |   |     |    |
|   | supporting organization was vested in the same persons that controlled or managed the supported organization(s).   | 1 |     |    |

### Section D. All Type III Supporting Organizations

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing |   |     |    |
|   | documents in effect on the date of notification, to the extent not previously provided?  | 1 |     |    |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                               |   |     |    |
|   | organization maintaineu a ciose anu continuous working relationship with the supported organization(s).  | 2 |     |    |
| 3 | By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant   |   |     |    |

voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

# Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a 🕥 The organization satisfied the Activities Test. Complete line 2 below.
- c 🕥 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

## 2 Activities Test. Answer lines 2a and 2b below.

|   |   |    | Yes | No |
|---|---|----|-----|----|
| i | <b>a</b> 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 <b>Part VI identify those supported organizations and explain</b> 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 |     |    |
| I | <b>b</b> Did the activities described on 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 <b>Part VI</b> 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.  |    |     |    |
| i | <b>a</b> 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? <i>If "Yes" or "No", provide details in Part VI.</i>  | 3a |     |    |
| I | <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its  |    |     |    |
|   | supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.  | 3b |     |    |

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Schedule A (Form 990) 2021

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

|   | Section A - Adjusted Net Income  |   | (A) Prior Year | (B) Current Year<br>(optional) |
|---|--|---|----------------|--------------------------------|
| 1 | Net short-term capital gain  | 1 |                |                                |
| 2 | Recoveries of prior-year distributions   | 2 |                |                                |
| 3 | Other gross income (see instructions)  | 3 |                |                                |
| 4 | Add lines 1 through 3  | 4 |                |                                |
| 5 | Depreciation and depletion   | 5 |                |                                |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross<br>income or for management, conservation, or maintenance of property held for<br>production of income (see instructions) | 6 |                |                                |
| 7 | Other expenses (see instructions)  | 7 |                |                                |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8 |                |                                |

|   |  |    | nust complete Sections A<br>(A) Prior Year | (B) Current Year               |
|---|--|----|--|--------------------------------|
|   | Section A - Adjusted Net Income  |    | ( )  | (optional)                     |
| 1 | Net short-term capital gain  | 1  |  |                                |
| 2 | Recoveries of prior-year distributions   | 2  |  |                                |
| 3 | Other gross income (see instructions)  | 3  |  |                                |
| 4 | Add lines 1 through 3  | 4  |  |                                |
| 5 | Depreciation and depletion   | 5  |  |                                |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6  |  |                                |
| 7 | Other expenses (see instructions)  | 7  |  |                                |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8  |  |                                |
|   | Section B - Minimum Asset Amount   |    | (A) Prior Year                             | (B) Current Year<br>(optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | 1  |  |                                |
| а | Average monthly value of securities  | 1a |  |                                |
| b | Average monthly cash balances  | 1b |  |                                |
| С | Fair market value of other non-exempt-use assets   | 1c |  |                                |
| d | Total (add lines 1a, 1b, and 1c)   | 1d |  |                                |
| е | Discount claimed for blockage or other factors<br>(explain in detail in <b>Part VI</b> ):  |    |  |                                |
|   |  |    |  |                                |

| efile Public Visual Ren                                | der Objectid: 20 | 02243189349300139 - Submission: 2022-11-14                     |             | TIN: 35-2174671     |
|--|------------------|--|-------------|---------------------|
| Schedule B   |                  | Schedule of Contributors                                       |             | OMB No. 1545-0047   |
| (Form 990)   |                  | Attach to Form 990, 990-EZ, or 990-PF.                         |             | 2024                |
| Department of the Treasury<br>Internal Revenue Service |                  | ► Go to <u>www.irs.gov/Form990</u> for the latest information. |             | 2021                |
| Name of the organization<br>SLCC FOUNDATION            | 1                |  | Employer id | entification number |
| SLCC FOUNDATION  |                  |  | 35-2174671  |                     |
| Organization type (che                                 | eck one):        |  |             |                     |
| Filers of:   | Section:         |  |             |                     |

Form 990 or 990-EZ

 $\Box$  501(c)( ) (enter number) organization

| efile Public Visual Ren  | nder Objectld: 202243189349300139 - Submission: 2022-11-14   |             | TIN: 35-2174671     |
|--|--|-------------|---------------------|
| Schedule B   | Schedule of Contributors   |             | OMB No. 1545-0047   |
| (Form 990)<br>Department of the Treasury<br>Internal Revenue Service | <ul> <li>Attach to Form 990, 990-EZ, or 990-PF.</li> <li>Go to <u>www.irs.gov/Form990</u> for the latest information.</li> </ul> |             | 2021                |
| Name of the organization   | 1  | Employer id | entification number |
|  |  | 35-2174671  |                     |
| Organization type (che   | eck one):  |             |                     |
| Filers of:   | Section:   |             |                     |
| Form 990 or 990-EZ   | □ 501(c)( ) (enter number) organization  |             |                     |
|  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation   | tion        |                     |
|  | 527 political organization   |             |                     |
| Form 990-PF  | $\Box$ 501(c)(3) exempt private foundation   |             |                     |
|  | $\Box$ 4947(a)(1) nonexempt charitable trust treated as a private foundation   |             |                     |
|  | $\Box$ 501(c)(3) taxable private foundation  |             |                     |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

# **General Rule**

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

# **Special Rules**

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990) (2021)

Page 2

Schedule B (Form 990) (2021)

Name of organization

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|----------|----------------|-----------|----------|---------|------------------|-------|----------|-------|---|---|---|---|---|---|---|---|--|---|
|----------|----------------|-----------|----------|---------|------------------|-------|----------|-------|---|---|---|---|---|---|---|---|--|---|

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| For Paperwork Reduction Act Notice, see the Instructions | Cat. No. 30613X | Schedule B (Form 990) (2021) |
|--|-----------------|------------------------------|
| for Form 990, 990-EZ, or 990-PF.                         |                 |                              |

— Page 2 —

| Schedule B (Form 990) (2021) | Page <b>2</b>                         |
|------------------------------|---------------------------------------|
| Name of organization         | <b>Employer identification number</b> |
| SLCC FOUNDATION              | 35-2174671                            |

| Contributors | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition | nal space is needed.       |   |
|--------------|--|----------------------------|---|
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| RESTRICTED   | ,  | \$ RESTRICTED              | <ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul> |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|              |  | \$                         | Person       Payroll       Noncash       (Complete Part II for noncash contributions.)                              |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|              |  | \$                         | Person     Payroll     Noncash     (Complete Part II for noncash     contributions.)                                |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|              |  | \$                         | Person     Payroll     Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|              |  | \$                         | <ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul> |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| -            |  | \$                         | Person     Payroll  |

|            |                                   |                            | contributions.)                                  |
|------------|-----------------------------------|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                      |
|            |                                   |                            | Person   |
| -          |                                   |                            | Payroll  |
|            |                                   | <u>\$</u>                  | Noncash  |
|            |                                   |                            | (Complete Part II for noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                      |
|            |                                   |                            | Person   |
| -          |                                   | _                          | Payroll  |
|            |                                   | \$_                        | Noncash  |
|            |                                   |                            |  |
|            |                                   |                            | (Complete Part II for noncash<br>contributions.) |

Page 3 -

| ame of organizatio        | n  | Employer identification                        | number               |
|---------------------------|--|--|----------------------|
| CC FOUNDATION             |  | 35-2174671                                     |                      |
| Part II Nonca             | ash Property (see instructions). Use duplicate copies of Part II if additional space is needed |  |                      |
| (a)<br>lo. from<br>Part I | (b)<br>Description of noncash property given   | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                           |  | \$\$   |                      |
| (a)<br>Io. from<br>Part I | (b)<br>Description of noncash property given   | (C)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| .                         |  | \$   |                      |
| (a)<br>Io. from<br>Part I | (b)<br>Description of noncash property given   | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| . =                       |  | \$\$\$\$\$\$\$                                 |                      |
| (a)<br>lo. from<br>Part I | (b)<br>Description of noncash property given   | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| .                         |  | \$   |                      |
| (a)<br>Io. from<br>Part I | (b)<br>Description of noncash property given   | (C)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| .  ==                     |  | \$   |                      |
| (a)<br>o. from<br>Part I  | (b)<br>Description of noncash property given   | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                           |  |  |                      |

Schedule B (Form 990) (2021)

| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
|                           |  | \$_  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |  | \$_  |                      |

Schedule B (Form 990) (2021)

N anc

| efile Public Visua                                     | l Render       | ObjectId: 202243  | 189349300139 - Submission: 202  | 22-11-14       | TIN: 35-2174671              |
|--|----------------|---|---|----------------|------------------------------|
| SCHEDULE D   |                | Quantana  | ntel Finencial Otatomont  |                | OMB No. 1545-0047            |
| (Form 990)   |                | Complete if the open set of | ntal Financial Statements<br>organization answered "Yes," on Form   | 990,           | 2021                         |
| Department of the Treasury<br>Internal Revenue Service |                |   | 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a,<br>Attach to Form 990.<br><u>m990</u> for instructions and the latest in |                | Open to Public<br>Inspection |
| Name of the organi                                     | zation         |   |   | Employer ide   | ntification number           |
| SLCC FOUNDATION  |                |   |   | 35-2174671     |                              |
|  |                |   | vised Funds or Other Similar Fund<br>Yes" on Form 990, Part IV, line 6.   | s or Accounts. |                              |
| •  |                |   | (a) Donor advised funds   | (b) Funds      | and other accounts           |
| 1 Total number at e                                    | end of year .  |   |   |                |                              |
| 2 Aggregate value                                      | of contributio | ns to (during year)   |   |                |                              |
|  | ~ · ~          |   | ł   |                |                              |

| efile Public Visua                    | al Render       | ObjectId: 2022431  | 89349300139 - Subn   | nission: 2022-      | 11-14     | 4               | TIN: 35-2174671        |
|---------------------------------------|-----------------|--|--|---------------------|-----------|-----------------|------------------------|
| SCHEDULE D                            |                 | Supplemen  | tal Financial St   | atomonte            |           |                 | OMB No. 1545-0047      |
| (Form 990) Department of the Treasury |                 | ► Complete if the or<br>Part IV, line 6, 7, 8, 9, 1  | ganization answered "Ye<br>0, 11a, 11b, 11c, 11d, 1<br>Attach to Form 990.                     | es," on Form 99     |           |                 | 2021<br>Open to Public |
| Internal Revenue Service              |                 | o to <u>www.irs.gov/Form</u>   | 990 for instructions and   | I the latest info   | -         |                 | Inspection             |
| Name of the organ<br>SLCC FOUNDATION  | ization         |  |  |                     | Emp       | loyer identi    | fication number        |
|                                       |                 |  |  |                     |           | 174671          |                        |
|                                       |                 |  | sed Funds or Other S   |                     | or Acc    | ounts.          |                        |
| Comple                                | te ir the orga  | anization answered re  | s" on Form 990, Part IV<br>(a) Donor advise  |                     |           | (b) Funds ar    | nd other accounts      |
| 1 Total number at                     | end of year .   |  |  |                     |           | ( )             |                        |
| 2 Aggregate value                     | of contribution | ns to (during year)  |  |                     |           |                 |                        |
| 3 Aggregate value                     | of grants from  | n (during year)  |  |                     |           |                 |                        |
| 4 Aggregate value                     | at end of year  | •••••  |  |                     |           |                 |                        |
|                                       |                 |  | rs in writing that the assets<br>clusive legal control?  |                     |           | unds are the    | 🗆 Yes 🗌 No             |
| charitable purpo                      | oses and not fo | or the benefit of the donor  | nor advisors in writing tha<br>or donor advisor, or for an<br>                                 | y other purpose o   |           |                 | sible                  |
|                                       | vation Ease     |  |  |                     |           |                 |                        |
|                                       |                 |  | s" on Form 990, Part IV<br>nization (check all that app  |                     |           |                 |                        |
|                                       |                 | oublic use (e.q., recreation   |  | reservation of an   | histori   | cally imports   | ant land area          |
|                                       |                 |  | ,  |                     |           | , ,             |                        |
| $\square$                             | of natural hab  |  |  | Preservation of a o | certified | i historic stru | Jcture                 |
|                                       | on of open spa  |  | qualified concomption cont   | wibution in the for | m of a    | concorrection   |                        |
| 2 Complete lines 2 easement on the    |                 |  | qualified conservation cont  | ribution in the for | m or a    |                 | he End of the Year     |
| a Total number of                     | conservation e  | easements  |  |                     | 2a        |                 |                        |
| <b>b</b> Total acreage res            | stricted by cor | servation easements  |  |                     | 2b        |                 |                        |
| c Number of conse                     | ervation easen  | nents on a certified histori   | c structure included in (a)  |                     | 2c        |                 |                        |
| structure listed i                    | n the National  | Register   | red after 7/25/06, and not   |                     | 2d        |                 |                        |
| 3 Number of cons<br>tax year ►        | ervation easer  | nents modified, transferre   | d, released, extinguished,   | or terminated by    | the org   | anization du    | ring the               |
| 4 Number of state                     | es where prope  | erty subject to conservatio  | n easement is located <b>&gt;</b>  |                     |           | _               |                        |
|                                       |                 | written policy regarding the real of the r | ne periodic monitoring, insp<br>??   | ection, handling    | of viola  | tions,          | Yes 🗌 No               |
| 6 Staff and volunt                    | eer hours dev   | oted to monitoring, inspec   | ting, handling of violations   | , and enforcing co  | onserva   | ition easeme    |                        |
| 7 Amount of expe                      | nses incurred   | in monitoring, inspecting,   | handling of violations, and  | enforcing conser    | vation    | easements d     | uring the year         |
|                                       |                 |  | above satisfy the requirem   |                     | 70(h)(4   |                 | Yes 🗌 No               |
| balance sheet, a                      | and include, if |  | ervation easements in its r<br>footnote to the organizationts.                                 |                     |           |                 | es                     |
| Part III Organi                       | zations Mai     | ntaining Collections   | of Art, Historical Treas" on Form 990, Part IV   |                     | er Sir    | nilar Asse      | ts.                    |
| historical treasu                     | res, or other s | imilar assets held for pub   | C 958, not to report in its r<br>lic exhibition, education, or<br>ents that describes these it | research in furth   |           |                 |                        |
|                                       | res, or other s | imilar assets held for pub   | C 958, to report in its reve<br>lic exhibition, education, or                                  |                     |           |                 |                        |
|                                       | -               |  |  |                     |           | ▶\$             |                        |
|                                       |                 |  |  |                     |           |                 |                        |
| 2 If the organizati                   | on received or  | held works of art, histori   | cal treasures, or other simi<br>ASC 958 relating to these it                                   | lar assets for fina |           |                 | he                     |
| a Revenue include                     | ed on Form 99   | 0, Part VIII, line 1   |  |                     |           | . ▶\$           |                        |
| <b>b</b> Assets included              | in Form 990.    | Part X   |  |                     |           | ► \$            |                        |

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

|  | Complete if the organization answ   | vered "Yes" on For                                | m 990, Part Iv   | <i>i</i> , iiiie o.   |  |   |
|--|---|---|--|---|--|---|
| 1a   | If the organization elected, as permitted unde<br>historical treasures, or other similar assets he<br>Part XIII, the text of the footnote to its finance  | er FASB ASC 958, not<br>eld for public exhibition | t to report in its<br>on, education, o   | revenue statement a<br>r research in furthera   | nd balance sheet we<br>ince of public service  | orks of art,<br>e, provide, in                                |
| b  | If the organization elected, as permitted unde<br>historical treasures, or other similar assets he<br>following amounts relating to these items:  | er FASB ASC 958, to                               | report in its rev  | enue statement and b  |  |   |
| (  | (i) Revenue included on Form 990, Part VIII, lin  | e 1   |  |   | ► \$   |   |
|  |   |   |  |   |  |   |
| (ii  | ii)Assets included in Form 990, Part X  |   |  |   |  |   |
| 2<br>a   | If the organization received or held works of a<br>following amounts required to be reported un<br>Revenue included on Form 990, Part VIII, line  | der FASB ASC 958 re                               | elating to these   | tems:   |  |   |
| _  |   |   |  |   |  |   |
| b  | Assets included in Form 990, Part X · · · · Paperwork Reduction Act Notice, see the I   |   |  |   | · · ▶ \$<br>283D <b>Schedule</b>   | D (Form 000) 2  |
|  |   |   |  | Cat. NO. 52   | 285D Schedule  | D (FORM 990) 20   |
|  |   | F   | Page 2   |   |  |   |
| Sche   | dule D (Form 990) 2021  |   |  |   |  | Pag   |
| Part   | t III Organizations Maintaining Col   | lections of Art, H                                | listorical Tre   | asures, or Other  | Similar Assets   | (continued)   |
| 3  | Using the organization's acquisition, accession items (check all that apply):   | n, and other records,                             | check any of th  | e following that are a  | a significant use of it  | s collection  |
| а  | Public exhibition   |   | d 🗌 L  | oan or exchange pro   | grams  |   |
| b  | Scholarly research  |   | e 🗌 (  | )ther   |  |   |
| с  | Preservation for future generations   |   |  |   |  |   |
| 4  | Provide a description of the organization's col<br>Part XIII.   | lections and explain                              | how they furthe  | r the organization's e  | xempt purpose in   |   |
| 5  | During the year, did the organization solicit or<br>assets to be sold to raise funds rather than to   | r receive donations o<br>be maintained as pa      | f art, historical t<br>art of the organi   | reasures or other sim zation's collection?.   |  | es 🗌 No   |
| Par  | rt IV Escrow and Custodial Arrange<br>Complete if the organization answ   |   | m 990, Part I  | /, line 9, or reporte   |  |   |
|  | line 21.  |   |  |   |  |   |
| 4 -  | To the even wing tion on event two to a such at   |   | lian fan aantuik.  |   |  |   |
| 1a   | Is the organization an agent, trustee, custodi included on Form 990, Part X?  | an or other intermed                              | liary for contribu   | tions or other assets   |  | 0   |
| 1a   | Is the organization an agent, trustee, custodi included on Form 990, Part X?  | an or other intermed                              | liary for contribu   | tions or other assets   | not<br>• • • • • • □ <b>Y</b>  | es 🗌 No   |
|  | included on Form 990, Part X?   |   |  | tions or other assets   |  |   |
| 1a<br>b<br>c   | Is the organization an agent, trustee, custodi<br>included on Form 990, Part X?   | and complete the fo                               | llowing table:   |   | · · · · · □ Y  |   |
| b  | included on Form 990, Part X?   | and complete the fo                               | llowing table:   | 1c  | · · · · · □ Y  |   |
| b<br>c   | included on Form 990, Part X?   | and complete the fo                               | llowing table:   | <b>1c</b>   | · · · · · □ Y  |   |
| b<br>c<br>d  | included on Form 990, Part X?         If "Yes," explain the arrangement in Part XIII         Beginning balance         Additions during the year         Distributions during the year  | and complete the fo                               |  |   | · · · · · □ Y  |   |
| b<br>c<br>d<br>f   | included on Form 990, Part X?   | and complete the fo                               | Ilowing table:   | 1c<br>1d<br>1d<br>1e<br>1f  | Amount   |   |
| b<br>c<br>d<br>f<br>2a   | included on Form 990, Part X?         If "Yes," explain the arrangement in Part XIII         Beginning balance         Additions during the year         Distributions during the year         Ending balance         Did the organization include an amount on Formation   | and complete the fo                               |  | 1c            1d            1f  | □ Y<br>Amount  |   |
| b<br>c<br>d<br>f<br>2a<br>b  | included on Form 990, Part X?         If "Yes," explain the arrangement in Part XIII         Beginning balance         Additions during the year         Distributions during the year         Ending balance         Did the organization include an amount on For         If "Yes," explain the arrangement in Part XIII  | and complete the fo                               |  | 1c            1d            1f  | □ Y<br>Amount  |   |
| b<br>c<br>d<br>f<br>2a<br>b  | If "Yes," explain the arrangement in Part XIII<br>Beginning balance   | and complete the fo                               | Ilowing table:   | Ic       Ic       Id       Ie       If  | □ Y<br>Amount  |   |
| b<br>c<br>d<br>f<br>2a<br>b  | included on Form 990, Part X?         If "Yes," explain the arrangement in Part XIII         Beginning balance         Additions during the year         Distributions during the year         Ending balance         Did the organization include an amount on For         If "Yes," explain the arrangement in Part XIII  | and complete the fo                               |  | Ic       Id       Ie       If   | Amount   | es 🗌 No   |
| b<br>c<br>f<br>2a<br>b<br>Par  | included on Form 990, Part X?         If "Yes," explain the arrangement in Part XIII         Beginning balance         Additions during the year         Distributions during the year         Ending balance         Did the organization include an amount on For         If "Yes," explain the arrangement in Part XIII         rt V         Endowment Funds.         Complete if the organization answ  | and complete the fo                               | Ilowing table:   | Ic         Ic         Id         Ie         If         or custodial account li         een provided in Part         /, line 10.         (c) Two years back  | Amount Amount ability? Y (d) Three years back  | es No   |
| b<br>c<br>f<br>2a<br>b<br>Par  | included on Form 990, Part X?         If "Yes," explain the arrangement in Part XIII         Beginning balance         Additions during the year         Distributions during the year         Ending balance         Did the organization include an amount on Foo         If "Yes," explain the arrangement in Part XIII         rt V         Endowment Funds.         Complete if the organization answ         Beginning of year balance  | and complete the fo                               | Ilowing table:<br>21, for escrow of<br>xplanation has b<br>m 990, Part IV<br>(b) Prior year<br>3,041,8                       | Ic         Ic         Id         Ie         If         r custodial account li         een provided in Part         /, line 10.         (c) Two years back         83       2,068,920  | Amount           ability?         Y           XIII         Y           (d) Three years back           1,620,125  | es No (e) Four years ba                                       |
| b<br>c<br>f<br>2a<br>b<br>Par  | included on Form 990, Part X?         If "Yes," explain the arrangement in Part XIII         Beginning balance         Additions during the year         Distributions during the year         Induction         Distributions during the year         Did the organization include an amount on Foo         If "Yes," explain the arrangement in Part XIII <b>Endowment Funds.</b> Complete if the organization answ         Beginning of year balance         Contributions   | and complete the fo                               | Ilowing table:<br>   | 1c         1d       1e         1d       1e         1f       1f          1f          1f          1f          1f          1f          1f          1f          1f          1f          1f          1c          1f          1c          1f          1c  | Amount           ability?         Y           XIII         Y           (d) Three years back           1,620,125           3         419,134  | es No (e) Four years ba 733,5 872,5                           |
| b<br>c<br>d<br>f<br>2a<br>b<br>Par<br>1a<br>c  | included on Form 990, Part X?         If "Yes," explain the arrangement in Part XIII         Beginning balance         Additions during the year         Distributions during the year         Indig balance         Did the organization include an amount on For         If "Yes," explain the arrangement in Part XIII         If "Yes," explain the arrangement in Part XIII         If "Yes," complete if the organization answ         Beginning of year balance         Net investment earnings, gains, and losses   | and complete the fo                               | Ilowing table:<br>   | Ic           1d           1e           1f           r custodial account li           een provided in Part           /, line 10.           (c) Two years back           83         2,068,920           80         1,021,378           27         21,605  | Amount Amount Amount (d) Three years back (d) Three years back (1,620,125 (4) 91,559   | es No (e) Four years ba 733,5 872,5 65,1                      |
| b<br>c<br>d<br>f<br>2a<br>b<br>Par<br>1a<br>c<br>c<br>c<br>c<br>c                              | included on Form 990, Part X?         If "Yes," explain the arrangement in Part XIII         Beginning balance         Additions during the year         Distributions during the year         Indig balance         Did the organization include an amount on For         If "Yes," explain the arrangement in Part XIII         If the organization answ         Beginning of year balance       .         Contributions       .         Net investment earnings, gains, and losses         Grants or scholarships | and complete the fo                               | Ilowing table:<br>21, for escrow c<br>xplanation has b<br><u>m 990, Part IV</u><br>(b) Prior year<br><u>3,041,8</u><br>486,5 | Ic           1d           1e           1f           r custodial account li           een provided in Part           /, line 10.           (c) Two years back           83         2,068,920           80         1,021,378           27         21,605  | Amount Amount Amount (d) Three years back (d) Three years back (1,620,125 (4) 91,559   | es No (e) Four years ba 733,5 872,5 65,1                      |
| b<br>c<br>d<br>f<br>2a<br>b<br>Par<br>1a<br>c<br>d<br>c  | included on Form 990, Part X?         If "Yes," explain the arrangement in Part XIII         Beginning balance         Additions during the year         Distributions during the year         Indig balance         Distributions during the year         Distributions during the year         Ending balance         Did the organization include an amount on Fo         If "Yes," explain the arrangement in Part XIII         rt V       Endowment Funds.         Complete if the organization answ         Beginning of year balance       .         Contributions       .         Net investment earnings, gains, and losses         Grants or scholarships       .   | and complete the fo                               | Ilowing table:<br>   | Ic         Ic         Ic         Id         Ie         If         Ir custodial account lie         een provided in Part         /, line 10.         (c) Two years back         83       2,068,920         80       1,021,376         27       21,605         61       56,287  | Amount Amount Amount (d) Three years back (d) Three years back (d) Three years back (d) Three years back (f) 1,620,125 (f) 1,620 | es No (e) Four years ba 733,5 872,5 65,1 41,1                 |
| b<br>c<br>f<br>2a<br>b<br>Par<br>1a<br>c<br>d<br>c<br>f  | included on Form 990, Part X?   | and complete the fo                               | Illowing table:  | Image: constraint of the system         Image: constraint of the system <td>Amount       Amount       ability?     Y       XIII     Y       (d) Three years back       0     1,620,125       3     419,134       5     91,559       7     51,719       3     10,179</td> <td>es No (e) Four years ba 733,5 872,5 65,1 41,1 9,6</td> | Amount       Amount       ability?     Y       XIII     Y       (d) Three years back       0     1,620,125       3     419,134       5     91,559       7     51,719       3     10,179  | es No (e) Four years ba 733,5 872,5 65,1 41,1 9,6             |
| b<br>c<br>d<br>e<br>f<br>2a<br>b<br>Par<br>1a<br>b<br>c<br>d<br>c<br>f<br>f<br>g<br>2          | included on Form 990, Part X?   | and complete the fo                               | Ilowing table:<br>   | Ic         Ic         Id         Id         Ie         If         r custodial account li         een provided in Part         /, line 10.         (c) Two years back         83       2,068,920         80       1,021,376         61       56,287         38       13,733         91       3,041,883   | Amount       Amount       ability?     Y       XIII     Y       (d) Three years back       0     1,620,125       3     419,134       5     91,559       7     51,719       3     10,179  | es No (e) Four years ba 733,5 872,5 65,1 41,1 9,6             |
| b<br>c<br>f<br>2a<br>b<br>Par<br>1a<br>c<br>f<br>c<br>f<br>g<br>2<br>a                         | included on Form 990, Part X?         If "Yes," explain the arrangement in Part XIII         Beginning balance         Additions during the year         Distributions during the year         Distributions during the year         Ending balance         Did the organization include an amount on Fo         If "Yes," explain the arrangement in Part XIII         rt V       Endowment Funds.         Complete if the organization answ         Beginning of year balance       .         Net investment earnings, gains, and losses         Grants or scholarships       .         Other expenditures for facilities         and programs       .         Administrative expenses       .         End of year balance       .  | and complete the fo                               | Ilowing table:<br>   | Ic         Ic         Id         Id         Ie         If         r custodial account li         een provided in Part         /, line 10.         (c) Two years back         83       2,068,920         80       1,021,376         61       56,287         38       13,733         91       3,041,883   | Amount       Amount       ability?     Y       XIII     Y       (d) Three years back       0     1,620,125       3     419,134       5     91,559       7     51,719       3     10,179  | es No (e) Four years ba 733,5 872,5 65,1 41,1 9,5             |
| b<br>c<br>d<br>f<br>2a<br>b<br>Pa<br>1a<br>c<br>f<br>c<br>f<br>g<br>2<br>a<br>b                | included on Form 990, Part X?         If "Yes," explain the arrangement in Part XIII         Beginning balance         Additions during the year         Distributions during the year         Distributions during the year         Ending balance         Did the organization include an amount on Fo         If "Yes," explain the arrangement in Part XIII         rt V       Endowment Funds.         Complete if the organization answ         Beginning of year balance       .         Contributions       .         Net investment earnings, gains, and losses         Grants or scholarships       .         Other expenditures for facilities         and programs       .         Administrative expenses       .         End of year balance       .         Provide the estimated percentage of the curre         Board designated or quasi-endowment  | and complete the fo                               | Ilowing table:<br>   | Ic         Ic         Id         Id         Ie         If         r custodial account li         een provided in Part         /, line 10.         (c) Two years back         83       2,068,920         80       1,021,376         61       56,287         38       13,733         91       3,041,883   | Amount       Amount       ability?     Y       XIII     Y       (d) Three years back       0     1,620,125       3     419,134       5     91,559       7     51,719       3     10,179  | es No (e) Four years ba 733,5 872,5 65,1 41,1 9,6             |
| b<br>c<br>f<br>2a<br>b<br>Par<br>1a<br>c<br>f<br>c<br>f<br>2<br>a                              | included on Form 990, Part X?   | and complete the fo                               | Ilowing table:<br>   | Ic         Ic         Id         Id         Ie         If         r custodial account li         een provided in Part         /, line 10.         (c) Two years back         83       2,068,920         80       1,021,376         61       56,287         38       13,733         91       3,041,883   | Amount       Amount       ability?     Y       XIII     Y       (d) Three years back       0     1,620,125       3     419,134       5     91,559       7     51,719       3     10,179  | es No (e) Four years ba 733, 872, 65, 41, 9,                  |
| b<br>c<br>d<br>e<br>f<br>2a<br>b<br>Pa<br>1a<br>b<br>c<br>f<br>f<br>g<br>2<br>a<br>b<br>c      | included on Form 990, Part X?         If "Yes," explain the arrangement in Part XIII         Beginning balance         Additions during the year         Distributions during the year         Distributions during the year         Ending balance         Did the organization include an amount on Fo         If "Yes," explain the arrangement in Part XIII         rt V       Endowment Funds.         Complete if the organization answ         Beginning of year balance       .         Contributions       .         Net investment earnings, gains, and losses         Grants or scholarships       .         Administrative expenses       .         End of year balance       .         Provide the estimated percentage of the curre         Board designated or quasi-endowment         Permanent endowment         Term endowment         The percentages on lines 2a, 2b, and 2c shou         Are there endowment funds not in the posses   | and complete the fo                               | Ilowing table:<br>   | Ic         Ic         Id         Ie         Id         Ie         If  | Amount Amount Amount (d) Three years back (d) Three years back (d) Three years back (d) Three years back (f) 1,620,125 (f) 1,620 | es No (e) Four years ba 733,5 872,5 65,1 41,1 9,5 1,620,1     |
| b<br>c<br>d<br>e<br>f<br>2a<br>b<br>Pa<br>1a<br>b<br>c<br>f<br>f<br>g<br>2<br>a<br>b<br>c      | included on Form 990, Part X?         If "Yes," explain the arrangement in Part XIII         Beginning balance         Additions during the year         Distributions during the year         Ending balance         Did the organization include an amount on For         If "Yes," explain the arrangement in Part XIII         rt V       Endowment Funds.         Complete if the organization answ         Beginning of year balance         Contributions         Net investment earnings, gains, and losses         Grants or scholarships         Other expenditures for facilities         and programs         Administrative expenses         End of year balance         Provide the estimated percentage of the curree         Board designated or quasi-endowment         Permanent endowment         Term endowment         The percentages on lines 2a, 2b, and 2c should  | and complete the fo                               | Ilowing table:   | Ic         Ic         Id         Ie         Id         Ie         If  | Amount       Amount       ability?     Y       ability?     Y       XIII     Y       (d) Three years back       0     1,620,125       3     419,134       5     91,559       7     51,719       3     10,179       3     2,068,920       or the  | es No (e) Four years ba 733,5 872,5 65,1 41,1                 |
| b<br>c<br>d<br>e<br>f<br>2a<br>b<br>Pa<br>1a<br>b<br>c<br>f<br>d<br>e<br>f<br>f<br>2<br>a<br>b | included on Form 990, Part X?         If "Yes," explain the arrangement in Part XIII         Beginning balance         Additions during the year         Distributions during the year         Distributions during the year         Ending balance         Did the organization include an amount on Fo         If "Yes," explain the arrangement in Part XIII         rt V       Endowment Funds.         Complete if the organization answ         Beginning of year balance       .         Contributions       .         Net investment earnings, gains, and losses         Grants or scholarships       .         Other expenditures for facilities         and programs       .         Administrative expenses       .         Provide the estimated percentage of the currer         Board designated or quasi-endowment         Permanent endowment         Term endowment         The percentages on lines 2a, 2b, and 2c shou         Are there endowment funds not in the posses         organization by:  | and complete the fo                               | Illowing table:  | Ic         Ic         Id         Ie         Id         Ie         If         If         If         If         Ir custodial account lie         een provided in Part         /, line 10.         (c) Two years back         83       2,068,920         80       1,021,376         61       56,287         91       3,041,883         n (a)) held as:       Ia         d and administered for   | Amount Amount Amount (d) Three years back (d) Three years back (d) Three years back (d) Three years back (f) 1,620,125 (f) 1,620 | es No (e) Four years ba 733,5 872,5 65,1 41,1 9,620,1 1,620,1 |

| e Other expenditures for faciliti and programs   | es   |                   |                 |                             |                     |                             |                               |                          |
|--|--|-------------------|-----------------|-----------------------------|---------------------|-----------------------------|-------------------------------|--------------------------|
| <b>f</b> Administrative expenses .   | -  | 21,476            |                 | 19,538                      | 13,733              |                             | 10,179                        | 9,910                    |
| g End of year balance  | 🗖  | 5,666,212         | 4,              | 071,291                     | 3,041,883           | 2,                          | 068,920                       | 1,620,125                |
| <ul><li>2 Provide the estimated perce</li><li>a Board designated or quasi-e</li></ul>                      |  | year end balance  | e (line 1g, co  | olumn (a                    | a)) held as:        |                             |                               |                          |
| b Permanent endowment  |  |                   |                 |                             |                     |                             |                               |                          |
|  |  | 1.1.000/          |                 |                             |                     |                             |                               |                          |
| The percentages on lines 2a<br><b>3a</b> Are there endowment funds   |  | •                 | tion that are   | e held ar                   | nd administered for | r the                       |                               |                          |
| organization by:   | ·  | <b>- - -</b>      |                 |                             |                     |                             |                               | Yes No                   |
| <ul><li>(i) Unrelated organizations</li><li>(ii) Related organizations</li></ul>                           |  |                   |                 | • •                         |                     |                             | 3a(i)<br>3a(ii)               |                          |
| <b>b</b> If "Yes" on 3a(ii), are the re  |  |                   |                 |                             |                     |                             | 3b                            |                          |
| 4 Describe in Part XIII the inte   | -  | anization's endo  | wment fund      | s.                          |                     |                             |                               |                          |
| Part VI Land, Buildings,<br>Complete if the or   | and Equipment.<br>ganization answere             | ed "Yes" on For   | rm 990. Pa      | rt IV. li                   | ne 11a. See For     | m 990. Par                  | t X. line 1(                  | 0.                       |
| Description of property  | (a) Cost or other b<br>(investment)              |                   | t or other basi |                             |                     |                             |                               | ook value                |
| <b>1a</b> Land   |  |                   |                 |                             |                     |                             |                               |                          |
| <b>b</b> Buildings   |  |                   |                 |                             |                     |                             |                               |                          |
| c Leasehold improvements   |  |                   |                 |                             |                     |                             |                               |                          |
| <b>d</b> Equipment   |  |                   |                 |                             |                     |                             |                               |                          |
| Total. Add lines 1a through 1e. (C   | Column (d) must equa                             | al Form 990, Pari | t X, column     | (B), line                   | 10(c).)             | •                           |                               |                          |
|  |  |                   | Page 3 —        |                             |                     | 301                         |                               | orm 990) 2021            |
| Cabadula D. (Faura 000) 2021   |  |                   |                 |                             |                     |                             |                               |                          |
| Schedule D (Form 990) 2021 Part VII Investments - O  | ther Securities                                  |                   |                 |                             |                     |                             |                               | Page <b>3</b>            |
| Complete if the or   | ganization answere                               |                   | rm 990, Pa      |                             |                     |                             |                               |                          |
|  | ion of security or cate<br>ing name of security) |                   |                 | <b>(b)</b><br>Book<br>value |                     | c) Method o<br>or end-of-ye | of valuation:<br>ar market va |                          |
| <ol> <li>(1) Financial derivatives</li> <li>(2) Closely-held equity interests</li> <li>(3)Other</li> </ol> |  | · · · · ·         | · · _           |                             |                     |                             |                               |                          |
| (A)  |  |                   |                 |                             |                     |                             |                               |                          |
| (B)  |  |                   |                 |                             |                     |                             |                               |                          |
| (C)  |  |                   |                 |                             |                     |                             |                               |                          |
| (D)  |  |                   |                 |                             |                     |                             |                               |                          |
| (E)  |  |                   |                 |                             |                     |                             |                               |                          |
| (F)  |  |                   |                 |                             |                     |                             |                               |                          |
| (G)  |  |                   |                 |                             |                     |                             |                               |                          |
| (H)  |  |                   |                 |                             |                     |                             |                               |                          |
| Total. (Column (b) must equal Form 99  |  | 2.)               | •               |                             |                     |                             |                               |                          |
| Complete if the o  | Program Related.<br>rganization answer           |                   | rm 990, Pa      | 1                           |                     |                             |                               |                          |
| (a)  | Description of investr                           | nent              |                 |                             | (b) Book value      |                             | 1ethod of va<br>nd-of-year n  | luation:<br>narket value |
| (1)  |  |                   |                 |                             |                     |                             | <u> </u>                      |                          |
| (2)  |  |                   |                 |                             |                     |                             |                               |                          |
| (3)  |  |                   |                 |                             |                     |                             |                               |                          |
| (4)  |  |                   |                 |                             |                     |                             |                               |                          |
| (5)  |  |                   |                 |                             |                     |                             |                               |                          |

| Complete if the organization answered "Yes" on Form 990, Part X, line 13.<br>(a) Description of investment (b) Book value Cost or end-d-year market value Cost or end-d-year or end end walue Cost or end-d-year or end end walue Cost or end-d-year or end end walue Cost or end-d-year or end end end end walue Cost or end-d-year or end   | (H)   |  |              |                         |                       |                            |
|---|---|--|--------------|-------------------------|-----------------------|----------------------------|
| Complete if the organization answered "Yes" on Form 990, Part IV, Ine 11. See Form 990, Part X, Ine 13. (b) Book value (c) Description of investment (c) Book value (c) Motod of valuation: (cot ar end-of-year market value (cot are end-of-year mark      | <b>Fotal.</b> (Column                       |  |              |                         |                       |                            |
| (a) Description of Investment     (b) Book value     (c) Method of valuation:<br>Cost of end of year market value       1)     (c) Method of valuation:<br>Cost of end of year market value       3)     (c) Method of valuation:<br>Cost of end of year market value       3)     (c) Method of valuation:<br>Cost of end of year market value       4)     (c)       3)     (c)       4)     (c)       5)     (c)       6)     (c)       7)     (c)       8)     (c)       9)     (c)       9)     (c)       10     (c)       11     (c) Book value       (c) Description     (c)       12     (c)       13     (c)       14     (c)       15     (c)       16     (c)       17     (c)       18     (c)       19     (c)       10     (c)       11     (c)       12     (c)       13     (c)       14     (c)       15     (c)       16     (c)       17     (c)       18     (c)       19     (c)       11     (c)       12     (c)       13 <td>Part VIII</td> <td></td> <td>Part IV. li</td> <td>ine 11c. See For</td> <td>m 990<i>.</i> Part X</td> <td>. line 13.</td>  | Part VIII                                   |  | Part IV. li  | ine 11c. See For        | m 990 <i>.</i> Part X | . line 13.                 |
| 1)       1)         20)       3)         3)       4)         5)       5)         60       5)         72       5)         80)       5)         9)       5)         9)       5)         1)       1)         1)       1)         1)       (a) Description         1)       (b) Book value         1)       (a) Description         1)       (b) Book value         1)       (a) Description         1)       (b) Book value         1)       (c) Description         1)       (c) Description of liability         1)       (c) Description of liability      <  |   |  |              |                         | (c) Meth              | nod of valuation:          |
| 3) 4) 5) 6) 7) 6) 7) 8) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9)  | (1)   |  |              |                         |                       |                            |
| 4)  | (2)   |  |              |                         |                       |                            |
| 5)  | (3)   |  |              |                         |                       |                            |
| 6) 7) 8) 9) Test. (Column (b) must equal Form 990, Part X, col (b) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Book       | (4)   |  |              |                         |                       |                            |
| 6) 7) 8) 9) Test. (Column (b) must equal Form 990, Part X, col (b) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Book       | (5)   |  |              |                         |                       |                            |
| 7)     Image: State St                                |   |  |              |                         |                       |                            |
|   |   |  |              |                         |                       |                            |
| 9) total. (Column (b) must equal form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part X, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c)      |   |  |              |                         |                       |                            |
| test. ( <i>Column (b) mast equal Form 990, Part X, col.(B) line 13.)</i> Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) |   |  |              |                         |                       |                            |
| Part IX Other Assets.<br>Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.<br>(a) Description (b) Book value (c) Book v  |   |  |              |                         |                       |                            |
| (a) Description       (b) Book value         11       (a) Description       (b) Book value         12       (a) (b) Book value       (b) Book value         20       (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c   | -   |  | •            |                         |                       |                            |
| 1)       2)         3)  |   |  | art IV, lir  | ne 11d. See Fori        | m 990, Part X,        |                            |
| 3)       4)         5)       5)         6)       7)         8)       9)         Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)       •         Part X       Other Liabilities.<br>Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.         1)       (b) Book value         1) Federal income taxes       (b) Book value         5)       2,173,727         Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.       (b) Book value         1) Federal income taxes       5         STATE FUNDS HELD IN CUSTODY       2,173,727         Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.       (b) Book value         1) Federal income taxes       5         STATE FUNDS HELD IN CUSTODY       2,173,727         Complete if the organizations.       Complete IT         Grants and Other Assistance to Organizations.       Complete IT         Governments and Inhividuals in the United States       Complete If the organizations.         Governments and Inhividuals in the United States       Complete If the organizations.         Complete If the organizations       Part or organizations.         Governments and Inhividuals Organ or  | 1)  |  |              |                         |                       |                            |
| 4)       5)         6)  | 2)  |  |              |                         |                       |                            |
| 5)       6)         6)       7)         8)       9)         State       7)         8)       9)         State       7)         <  | 3)  |  |              |                         |                       |                            |
| 6) 7) 8) 9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1) Federal income taxes TTATE FUNDS HELD IN CUSTODY 2,173,727            | 4)  |  |              |                         |                       |                            |
| 7)       8)         9)       Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)         Part X Other Liabilities.<br>Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.         1) Federal income taxes         STATE FUNDS HELD IN CUSTODY         (a) Description of liability         (b) Book value         1) Federal income taxes         STATE FUNDS HELD IN CUSTODY         2,173,727         complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.         File Public Visual Render       ObjectId: 202243189349300139 - Submission: 2022-11-14         Th: 35-217         Complete if the organization answered 'Yes', on Form 990, Part IV, line 21 or 22.         Complete if the organization answered 'Yes', on Form 990, Part IV, line 21 or 22.         Complete if the organization answered 'Yes', on Form 990, Part IV, line 21 or 22.         Complete if the organization answered 'Yes', on Form 990, Part IV, line 21 or 22.         Part of the organization answered 'Yes', on Form 990, Part IV, line 21 or 22.         Part of the organization answered 'Yes', on Form 990, Part IV, line 21 or 22.         Part of the organization answered 'Yes', on Form 990, Part IV, line 21 or 22.         Part of the organization answered 'Yes', on Form 990, Part IV, line 21 or 22.         Part of the organizet to form 990.         Pa  | 5)  |  |              |                         |                       |                            |
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| Part X       Other Liabilities.<br>Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.         L.       (a) Description of liability       (b) Book value         1) Federal income taxes       2,173,727         STATE FUNDS HELD IN CUSTODY       2,173,727         Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.       2,173,727         Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.       2,173,727         Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.       1         Image: Complete if the organization answered 'Yes', on Form 990, Part IV, line 21 or 22.       1         Image: Complete if the organization answered 'Yes', on Form 990, Part IV, line 21 or 22.       0         Image: Complete if the organization answered 'Yes', on Form 990, Part IV, line 21 or 22.       0         Image: Complete if the organization answered 'Yes', on Form 990, Part IV, line 21 or 22.       0         Image: Complete if the organization answered 'Yes', on Form 990, Part IV, line 21 or 22.       0         Image: Complete if the organization answered 'Yes', on Form 990, Part IV, line 21 or 22.       0         Image: Complete if the organization answered 'Yes', on Form 990, Part IV, line 21 or 22.       0         Image: Complete if the organization answered 'Yes', on Form 990, Part IV, line 21 or 22.       0  |   | nn (b) must equal Form 990. Part X. col.(B) line 15.)                      |              |                         |                       |                            |
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| epartment of the<br>easury  |   |  |  | -  | Attach   | to Form             |   |   |             |   | Inspection                               |  |
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| CC FOUNDATION   |   |  |  |  |  |                     |   |   |             | 35-2174671  |  |  |
|   |   | tion on Gran   |  |  |  |                     |   |   |             |   |  |  |
|   |   |  |  |  |  |                     | the grantees' eligibili   | ty for the grants or assista  | ance, and   |   | 🗌 Yes 🛛 I                                |  |
| Describe in Part I  | -   |  |  | -  | -  |                     |   | organization answered "Y  | (aa" an Far | m 000 Dart IV line                                      | 1 for any reginient                      |  |
| that receiv   | ed more th  |  | II can be dupli  | cated if add                                       | litional space is                                | needed.             | 1   | -   | es on ron   | in 990, Part IV, line .                                 | 21, for any recipient                    |  |
| (a) Name and addr<br>organization<br>or government  |   | <b>(b)</b> EIN   |  | ) IRC section<br>f applicable) (d) Amount<br>grant |  |                     | (e) Amount of nor<br>cash<br>assistance   | <ul> <li>(f) Method of valuatio<br/>(book, FMV, appraisa<br/>other)</li> </ul>      |             | <ol> <li>Description of<br/>ncash assistance</li> </ol> | (h) Purpose of grant<br>or assistance    |  |
| 1) SOUTH LOUISIAN.<br>COMMUNITY COLLEGE<br>101 BERTRAND DRIVE<br>AFAYETTE, LA 70506   | E   |  |  |  |  | 362,484             |   |   |             |   |  |  |
| Enter total number  | er of section   |  | -  | -  |  |                     |   |   |             | ►   |  |  |
| Enter total numbe<br>Enter total numbe  | er of section<br>er of other o  | organizations lis  | ted in the line 1  | table .  |  |                     | Cat. No. 500  |   | <br>        | ►   | dule I (Form 990) 2021                   |  |
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| Enter total numbe<br>Enter total numbe<br>r Paperwork Reduction<br>chedule I (Form 990) 2<br>Part III Grants an   | er of section<br>er of other o<br>n Act Notice,<br>2021<br>d Other As<br>n be duplice                                 | seistance to Do  | mestic Indivi<br>space is neede<br>(b) Number  | table  | 2  | anization a         | Cat. No. 500<br>answered "Yes" on Fc<br>(d) Amount of   |   |             | Sche  |  |  |
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| efile Public V   | isual Render    | ObjectId: 202243189349300139 - Submission: 2022-  | -11-14          | TIN: 35-2174671   |
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| SCHEDULE O<br>(Form 990)<br>Department of the Treasury |                 | Software ID:<br><b>plemental Information to Form 990 or</b><br>somplete to provide information for responses to specific quest<br>Form 990 or 990-EZ or to provide any additional information<br>Attach to Form 990 or 990-EZ.<br>Go to <u>www.irs.gov/Form990</u> for the latest information | tions on<br>on. | OMB No. 1545-0047 |
| Name of the organ<br>SLCC FOUNDATION                   | nization        |   | Employer identi | fication number   |
| SLEETOUNDATION   |                 |   | 35-2174671      |                   |
| Return<br>Reference                                    |                 | Explanation   |                 |                   |
| ORGANIZATION   | TISROUGH ITS CO | QUALITY OF LIFE OF THE STATE'S CITIZENS THROUGH EDUCA<br>LEGES. LCTCS STRIVES TO INCREASE THE OPPORTUNITIES F<br>GH SKILLS TRAINING PROGRAMS. AND, IT WORKS TO PROVIDE  | OR LOUISIANA'S  | WORKFORCE TO      |

MISSION SUCCEED THROUGH SKILLS TRAINING PROGRAMS. AND, IT WORKS TO PROVIDE CITIZENS THE OPPORTUNITY TO

| Additional Data<br>efile Public Vis  |         | er Obj | jectId: 202243189349300139 - Submission: 2022-   | 11-14         | Return to Form<br>TIN: 35-2174671 |
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| SCHEDULE<br>(Form 990)<br>Department of the Treasur<br>nternal Revenue Service |         | Compl  | Software ID:<br><b>Comontal Information to Form 990 or 9</b><br>ete to provide information for responses to specific questi<br>orm 990 or 990-EZ or to provide any additional information<br>Attach to Form 990 or 990-EZ.<br>Go to <u>www.irs.gov/Form990</u> for the latest information. | ions on<br>n. | OMB No. 1545-0047                 |
| Name of the organi<br>SLCC FOUNDATION  | ization |        |  | . ,           | tification number                 |
| Return   |         |        | Explanation  | 35-2174671    |                                   |
| Reference  |         |        |  |               |                                   |

| Reference                                    |  |
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| FORM 990 -<br>ORGANIZATIO<br>MISSION         | TO IMPROVE THE QUALITY OF LIFE OF THE STATE'S CITIZENS THROUGH EDUCATIONAL PROGRAMS OFFERED<br>NISCOUGH ITS COLLEGES. LCTCS STRIVES TO INCREASE THE OPPORTUNITIES FOR LOUISIANA'S WORKFORCE TO<br>SUCCEED THROUGH SKILLS TRAINING PROGRAMS. AND, IT WORKS TO PROVIDE CITIZENS THE OPPORTUNITY TO<br>LEARN CONTINUOUSLY. LCTCS IS COMMITTED TO TEACHING WHAT IS NEEDED, WHEN IT IS NEEDED, AND WHERE IT<br>NEEDED WITHIN AVAILABLE RESOURCES. |
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 11B | ALL MEMBERS OF THE BOARD RECEIVE A COPY OF THE FORM 990 FOR REVIEW DURING THE EXIT CONFERENCE.<br>ONCE REVIEWED THE FORM IS SIGNED AND SUBMITTED.  |
| FORM 990,<br>PAGE 6,<br>PART VI,             | SOUTH LOUISIANA COMMUNITY COLLEGE FOUNDATION'S FORM 990 IS SUBMITTED TO THE LEGISLATIVE AUDITOR AN POSTED ON THEIR WEBSITE.  |