# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

		2021 calent	ar year, or tax year beginning	, 2021, and endi	ng		, 20					
			C Name of organization The Art Gui			D Employ	er identification number					
B		applicable:		id de l'allitera orace		20-14						
$\sqsubseteq$	Address	_	Doing business as  Number and street (or P.O. box if mail is not	t delivered to street address)	Room/suite		ne number					
Н	Name ch	_	451 Lakeview Drive	delivered to ender addition,		-	707-7249					
Ц	Initial ret			<u> </u>								
		return/terminated City or town, state or province, country, and ZIP or foreign postal code  Crossville, TN 38558  G Gross re										
×		Healte this a group return for 5										
Ш	Applicat	ion pending	F Name and address of principal officer:	+ Crossville MN 385			s included? Yes No					
	Dawn C 10007 11 207 doi: 10 7007 1507 16 White " ottook a list Cou											
-		mpt status:	▼ 501(c)(3) 501(c)( ) ◀ (ins	36 ( 110.) 404 ( (a)(1) 01 02.)	H(c) Group e							
<u>J</u>		× N/A	Daniel Danielin D	Other ► L Year of form			f legal domicile: TN					
				Strief P	1370	5						
۲	art !	Summa	<b>y</b>	ant cignificant activities: Our mis	aion io to bring vi	eun <sup>1</sup> arte	to our community. We have					
_	1	Briefly des	cribe the organization's mission or m	Second 3 record 32 21	3 are modi	ome	to sai committee ne nave					
Governance			Gallery, provide many di	Herent Classes III al	1 alt meal	âlio.						
Т	1 _	sell ar	t made by our members. box ▶ ☐ if the organization discont	inued its operations or dispose	d of more than	25% of i	ts net assets					
Š	2	Check this	DOX ► if the organization discont	inded its operations or dispose	a or more than	3	14					
ŏ	3	Number of	voting members of the governing bo	gay (Part VI, line 1a)	b)	4	0					
න් ගු	4	Number of	independent voting members of the	governing body (Part VI, line 1	D)	5	0					
ij	5	Total numi	per of individuals employed in calend	iar year 2021 (Part V, iiile 2a)		6	95					
Activities &	6	Total num	per of volunteers (estimate if necessary	ary)		7a	0.					
ď	7a		ated business revenue from Part VIII			7b	C.					
	<b>b</b>	Net unrela	ed business taxable income from Fo	omi 990-1, Part i, iiile 11	Prior Yea		Current Year					
			La conta (Dest MIL Rose de)		FINI Tea	•	110,441.					
e	8		ons and grants (Part VIII, line 1h)		110,441.							
ē	9		ervice revenue (Part VIII, line 2g)									
Revenue	10		t income (Part VIII, column (A), lines (		0.							
	11		nue (Part VIII, column (A), lines 5, 6d				110,441.					
	12		ue -add lines 8 through 11 (must equ				1,000.					
	13		I similar amounts paid (Part IX, colun									
	14		aid to or for members (Part IX, colum				1,799.					
es	15		her compensation, employee benefits		1,799.							
Expenses	16a		al fundraising fees (Part IX, column (	(de jú)								
Š	b	Total fund	raising expenses (Part IX, column (D)	99,718.								
ш	17	Other exp	enses (Part IX, column (A), lines 11a-		102,517.							
	18		nses. Add lines 13-17 (must equal P				7,924.					
	19	Revenue l	ess expenses. Subtract line 18 from	line 12	Beginning of Curr	rant Vaar	End of Year					
Net Assets or	5		. (5 . ) (1)			478.	414,010.					
sset	20		ts (Part X, line 16)		407	,4/0.	414,0.0.					
et A	21		ties (Part X, line 26)		407	478.	414,010.					
			or fund balances. Subtract line 21 f	rom me 20	407	, 4 / 0 -	414,010.					
F	art II		re Block		takenamia and to the	a bast of n	nu knowledge and helief it is					
U	nder pen ie correr	alties of perjun	, I declare that I have examined this return, ince. Declaration of preparer (other than officer) is	cluding accompanying schedules and s based on all information of which prep	arer has any knowle	dge.	ny knowledge and belief, it is					
						5/10/2	022					
e:	an	Ciona	ure of officer		Date		022					
	gn	1:				•						
П	ere		n C Robb, Treasurer			· -						
_			or print name and title	er's signature	Date	CI. I	V if PTIN					
Pá	aid			-	Date   Check   if   PTIN							
Pi	repare	er <del> </del>		C. Robb			.,					
	se On	firm's na					22-2870994					
		Firm's ad	dress ► 14 LEYDEN CT, CROSS	VILLE, TN 38558	Pnor	ie no. (9.	31)303-7548 . <b>☒ Yes</b> ☐ <b>No</b>					
			this return with the preparer shown a		DEV 04/04/00 DD0		Form <b>990</b> (2021)					
Ea	r Daner	work Dadus	tion Act Notice, see the separate instri	ictions, BAA	REV 04/04/22 PRO		Form <b>33∪</b> (2021)					

Page :	2
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Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Our mission is to bring visual arts to our community. We have
	an Art Gallery, provide many different classes in all art mediums.
	sell art made by our members.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 6,543. including grants of \$ 0.) (Revenue \$ 17,572.)
40	We run an annual Golf Tournament Fundraiser. 2021 was the 18th year for this event. Along with a day of golf, we have a wonderful luncheon, and a silent auction. These events are open to the general public. We solicite Tee Sign sponsors from local busineses.  From the profits we fund a \$1000 scholarship to a High School Senior wishing to further their education in the arts.
4b	(Code: )(Expenses\$ 4,423.including grants of\$ 3,050.)(Revenue\$ 8,841.)  We run (3) competative Art Shows every year. They are The Members Judged Show,  The Judged & Juried Show and the Peoples Choice Show.  These shows continue to be well attended and stay on display for one month. Ribbons and Cash awards are presented to the winners.
4c	(Code:)(Expenses \$ 766. including grants of \$
	Other was provided (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 11,732.

art	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	110
2 3	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	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		ď	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14a		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
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		×

Part I	V Checklist of Required Schedules (continued)		\d	NI -
~~	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	Lou		
D	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		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			1000V
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		×
00	"Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		×
32	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	051		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	†	×
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37	-	1
	19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. 🗆
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	6537.463		
С	reportable gaming (gambling) winnings to prize winners?	1c	especial de la companya de la compa	×

	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
Part	Statements Regarding Other INS Filings and Tax Compilative (Continued)	2009		e de la companya de l
2a	Statements, filed for the calendar year ending with or watan the year ending			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <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	46	ij toks
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes" has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
-Tu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5.73		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
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		×
	If "Yes," did the organization include with every solicitation an express statement that such contributions or		+	+
b	gifts were not tax deductible?	6b		100.0.5
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		×
L	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
b	Did the organization flothly the donor of the value of the goods of services provided		1	
С	required to file Form 8282?	7c		×
	·	7230	1976	\$6. chic
d	If Tes, indicate the number of Forms ozoz med daring the year.	70		1
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	+	<del>  ^</del>
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	a a series i	ORGANISA ORGANISA
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	SS 600 1275 N	X
9	Sponsoring organizations maintaining donor advised funds.	98,3		en pr
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:	21,2113		1000
a	Initiation fees and capital contributions included on Part VIII, line 12	3437	a Special	3.37
_	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		4.	1
b				
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			1.
a	Gross income from other sources. (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)	1400	yet. G	1
			<b>分表为用</b> 的	5,000 %
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		\$ 10 Alg.
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		4-4	1000
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	تينا	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.	138	)  }	¥
h	Enter the amount of reserves the organization is required to maintain by the states in which	Charles		1
þ	the organization is licensed to issue qualified health plans		to Park	
				E.
C	Little the amount of resolves similaria	146		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		-	×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	141	)	+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of excess parachute payment(s) during the year?	r   15		×
		13		
	If "Yes," see the instructions and file Form 4720, Schedule N.			34 (3)
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	?   16	1 1970 <u>(1</u> 566-1007)	×
	If "Yes," complete Form 4720, Schedule O.	N. S		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in an	у		-
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		×
	If "Yes." complete Form 6069.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See Check if Schedule O contains a response or note to any line in this Part VI											
Section	n A. Governing Body and Management	<del></del>										
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	AUTO PER CONTRACTOR	Yes	No								
b 2	Enter the number of voting members included on line 1a, above, who are independent  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?											
3	supervision of officers, directors, trustees, or key employees to a management company or other person? .											
4 5 6 7a	<ul> <li>Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>Did the organization have members or stockholders?</li> <li>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?</li> </ul>											
ь 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	×									
a b 9	the year by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	8a 8b	×	×								
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever											
			Yes	No								
10a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		×								
11a b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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	11a 12a 12b	× × ×									
13 14 15	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	13 14	X	×								
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b 16a		×								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b										
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶											
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	-T (sect	tion 5	501(c								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict and financial statements available to the public during the tax year.			olicy								
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords i	_									

Page	1

	·			<del> </del>	
Part VII	Compensation of Officers	Directors, Trustees	, Key Employ <del>ee</del> s	, Highest Compen	sated Employees, and
	Independent Contractors				_

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor	any relate	d org	aniz	atio	n c	ompe	nsa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours	box.	unies	Pos eck	rson	than of the thick the thic	an	(D)  Reportable compensation from the	(E)  Reportable compensation from related	(F) Estimated amount of other compensation
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) 0	0.00	×						0.	0.	0
(2)									0.	
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)		-								
(11)										
(12)										
(13)										
(14)										

Part \	Section A. Officers, Directors,	Trustees,	Key I	Emj	olo	yee	s, an	d H	lighest Compe	nsated E	mpio	yees (c	ontinue	<u>;d)</u>
					((	C)						i		
	(A)	(B)	(do n	ot ch		ition	e than c	ne	(D)	(E)		1	(F)	
	Name and title	Average	box.	unles	s pe	erson	is both	an	Reportable	Reportal compensa			ed amour other	ıt
		hours per week				$\overline{}$	or/trust	,	compensation from the	from rela		I	ensation	
		(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	emp High	Former	organization (W-2/	organization		,	m the zation and	4
		hours for related	irec	T L	ğ	en	loye	ner	1099-MISC/ 1099-NEC)	1099-MI 1099-NE			rganizatio	
		organizations	호프	mal		Ş	e com		ĺ			]		
		below dotted line)	uste	trus		8	Pen.			-				
		dotted into,	Ф	8			Highest compensated employee							
			<del> </del>	₩		<u> </u>						-		—
(15)			-			1		1		]				
			<del> </del>	┼┈		$\vdash$	+		-			†		_
(16)		<b>+</b>	+											
(4.7)		· <del> </del>	<del>                                     </del>	$\vdash$	<del> </del> -	$\dagger$	<b>†</b>	<del> </del>		<u> </u>				
$\Omega\Omega$		- <del></del>	1											
(18)				1	Τ,									
1197			1											
(19)						T								
3.027							<u> </u>							
(20)								-						
32				ļ				ļ		ļ				
(21)			.]		}									
				_	<u> </u>	<u> </u>		ļ	<u> </u>	<del></del>		-		
(22)			-4			i								
				+-		<del> </del>	<del> </del>	-		<del> </del>		<del> </del>		
(23)														
				$\perp$	<del>  -</del> -	-		+-	<del> </del>	ļ	<u> </u>	-		
(24)			-											
<del></del>		<del> </del>			1	╁	+	╁	<del>                                     </del>	<del>                                     </del>		<u> </u>		
(25)														
1b	Subtotal		<u> </u>	ــــــــــــــــــــــــــــــــــــــ	<u>.</u> .			<b>\</b>	0.	1	0.	<u> </u>		0.
C	Total from continuation sheets to Par							<b>&gt;</b>						
d	Total (add lines 1b and 1c)							$\blacktriangleright$	0.		0.			0.
2	Total number of individuals (including but	ut not limite	d to t	hos	e lis	stec	abov	e) v	who received mo	re than \$1	00,00	0 of		
	reportable compensation from the organ	nization 🟲					0							
												. (20000000)	Yes	No
3	Did the organization list any former	officer, di	rector	, tr	uste	ee,	key 6			est compe	nsate	d 📜		
	employee on line 1a? If "Yes," complete	Schedule	J for s	sucr	inc	divic	luai					3		×
4	For any individual listed on line 1a, is the	ne sum of r	eporta	able	co	mpe	ensati	on :	and other comp	ensation tr	om tn	e		
	organization and related organizations	s greater ti	nan t	5150	J,UU	JU?	IT "YE	<del>2</del> S, "	complete Scrie	aule J lo	r Suci	"		
_	individual				مانم	n fr	 .m an		projeted organiz	etion or inc	ividus	<b>4</b>	575.32 m Z	×
5	for services rendered to the organization	or accrue t	comr	el ISC Note	SC SC	her	ווונ מוונל לו באוור	for	such person			-"   5		×
			COM			,,,,,,,							<u>l. — i                                   </u>	
	on B. Independent Contractors  Complete this table for your five high	nheet com	nensa	ted	ind	den	enden	t c	contractors that	received	more	than \$	100,000	) 0
1	compensation from the organization. Re	port compe	ensatio	on fo	or th	ne c	alend	ar y	ear ending with	or within th	e orga	nization	's tax y	ear.
								TŤ	(B)			(C)		
	( <b>A)</b> Name and business ac	ddress							Description of se	ervices		Compen		
			-			-						<del></del>		
								$\top$						
								$\top$						
							***	$\top$						
2	Total number of independent contrac	tors (includ	ling t	out	not	lim	nited	to 1	those listed abo	ove) who		ar alday Sarah		
	received more than \$100,000 of comper	sation from	the o	orga	niza	atio	n <b>▶</b>		0		ALC: NO.	Entrop 5	A PHONE	28 E

Part	VIII	Statement of Rev Check if Schedule	enu	e ntains a re	snon	se or note to a	ny line in this Pa	rt VIII		🗆
		Check ii Ochedule	0.00	Trans a ro	орон	<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
တို့ တ	1a	Federated campaign	ns .	, , ,	1a	0.				
Contributions, Gifts, Grants, and Other Similar Amounts	b	· -			1b	13,655.		1000000		
بة ق	С	Fundraising events			1c	41,695.		A taken daga sagar		
fts,	d	Related organization	ns .		1d					
<u>`</u> = 0	е					12,738.		and dealers	2.48(34)	
Siris	f									
를					1f	42,353.	And the street of the	Access to		
훈풍	g	Noncash contributio								Bankar Calabaran Karasay.
를 릴		lines 1a-1f			1g		110 441	-		
<u>ο</u> ε	h	Total. Add lines 1a-	11 .	· · · ·	•	Business Code	110,441.			adamento soci
a)	20					Business code				
Š	2a b									
gram Ser Revenue	C									
E P	d									
Program Service Revenue	e									
õ	f	All other program se								
-	g g	Total. Add lines 2a-				>			Por Mindouro Productivo del Pio	e sample de la company
	3	Investment income								
		other similar amoun	its) .			🕨				
	4	Income from investr	nent (	of tax-exem	npt bo	and proceeds 🟲				
	5	Royalties				<u> </u>				
				(i) Rea	1	(ii) Personal	as successive.	era di La Santan	anders (September	progress to the state.
	6a	Gross rents	6a					Section 5	process of the	
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с							
	d	Net rental income o	r (los	<del></del>	<u> </u>	<u> ▶</u>				
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets	1						Carlo Service	is 25 both a
	_	other than inventory	7a			<u> </u>		d alconocciono	ing Server of the Color	ration and a second con-
enne	b	Less: cost or other basis								
'en	1	and sales expenses	7b	ļ		<u> </u>			page to be pro-	Marine Committee
Je}	С	Gain or (loss)	7 <b>c</b>		<del> </del>	L				
Other Re	d	Net gain or (loss)			·	· · · · · · · · · · · · · · · · · · ·				Profit section of the Paris CO
Ŧ	8a	Gross income fro		_					k siif, said a sat	
•		events (not including of contributions re			1					N X
		1c). See Part IV, line			8a			t sector sector	acontenador	The Court of the
	ь	Less: direct expens			8b			A STATE OF S		COLANGE OF THE PARTY OF THE PAR
	C	Net income or (loss			I	ents ▶		ndaras Alexandra		
	9a	Gross income			9.01				SALVATES SAVES	eggyzgg, dydrig
		activities. See Part			9a		Access to the second second	lar and the second		La responsable de la companya de la
	b	Less: direct expens	es .		9b					retire of the same
	С	Net income or (loss			ctiviti	es 🕨				
	10a	Gross sales of it								
		returns and allowar	ices		10a			transport to		teritoria di secon
	b	Less: cost of goods	s sold	۱	10b		e de la companya de			Company Comment of the
	С	Net income or (loss	) fron	n sales of ir	nvent					
S						Business Code	## E 3 - 1		33 (20)	
ē e	11a								-	
an	b			·						
scellaned Revenue	C							1	1	<del> </del>
Miscellaneous Revenue	d	All other revenue				L	0.	0.	0.	0.
	е	Total. Add lines 11				<u> </u>	110,441.			0
	12	Total revenue, Sec	instr	ructions			1 LLU.441.	0.	υ.	0.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . . . . . (**D**) Fundraising (C) Do not include amounts reported on lines 6b, 7b, (A) Total expenses Management and general expenses Program service 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . . 1.000. 1.000. Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . Compensation of current officers, directors, trustees, and key employees . . . . . . 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,799 1,799. 0. 0. Other employee benefits . . . . . . . 9 10 Payroll taxes Fees for services (nonemployees): 11 0. 2,443. 10,200. 12,643. а 9,696 0. 9,696 0. C Lobbying . . . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 8.121. 26,659. 44,009. 9,229 Advertising and promotion . . . . 1,710. 1,710. 0. 0. 12 6,809. 75. 6,734. 0. 13 14 Information technology . . . . 15 Royalties 0. 12,338. 12,338. 0. 16 Occupancy . . . . 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 285. Ο. 285. 0. Conferences, conventions, and meetings . 19 20 21 11,648. 0. 11,648. 0. 22 Depreciation, depletion, and amortization ... 580. 0. 580. 0. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) а b C d All other expenses e 61,401. 14,457. 26,659. Total functional expenses. Add lines 1 through 24e 102.517. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

P	art X				
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		( <b>B)</b> End of year
	1	Cash non-interest-bearing	139,710.	1	151,858.
	2	Savings and temporary cash investments	,	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
Assets	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$ .		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
ď	9	Prepaid expenses and deferred charges	42C.	9	294.
	10a	Land, buildings, and equipment: cost or other		nar C	
		basis. Complete Part VI of Schedule D 10a 384, 916.		14402-14 1440-144	
	b	Less: accumulated depreciation 10b 139,818.	224,691.	+	245,098.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets	10.055	14	1.6 7.60
	15	Other assets. See Part IV, line 11		<del>-</del>	16,760.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	407,478.	+	414,010.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director,		2	
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
<u>.e</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		24	
	26	Total liabilities. Add lines 17 through 25		26	
Les		Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33.			
ā	27	Net assets without donor restrictions	The second of th	27	
Ba	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances	•	Organizations that do not follow FASB ASC 958, check here ▶ ☒ and complete lines 29 through 33.	and the second second	Sale Sale	
ò	29	Capital stock or trust principal, or current funds	136,963.	29	152,494.
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	248,689.	30	241,597.
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	19,919.
χ¥	32	Total net assets or fund balances		32	414,010.
ž	33	Total liabilities and net assets/fund balances		33	414,010.

Page	1	2
1 444		_

	XI Reconciliation of Net Assets			
I all	Check if Schedule O contains a response or note to any line in this Part XI			🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,441.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,517.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	7,924.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40]	7,478.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	41	5,402.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			es No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🗌 Accrual 🔲 Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain or	/HC777.2	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both:	 npiled o	2a	×
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audiseparate basis, consolidated basis, or both:	 ted on a	2b	×
c	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounts of the organization changed either its oversight process or selection process during the tax year, exchedule O.	ınt? .	2c	×
За		rth in the	)	and the second second
	Single Audit Act and OMB Circular A-133?		3a	×
b	The same of the sa	lergo the ludits .	3b	
				000 (2021)

### SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		e organization					20 1426550		
		t Guild at Fairfield	Glade				20-1436572		
Pai	tl	Reason for Public Char	ity Status. (All	organizations must	comple	ete this p	art.) See instruction	ns.	
The o	orgai	nization is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only on	e box.)		
1		A church, convention of church					U(D)(1)(A)(I).		
2		A school described in <b>section</b>	170(b)(1)(A)(ii). (	Attach Schedule E (Fo	orm 990).	.) .a=0#23#4			
3		A hospital or a cooperative hos	pital service orga	anization described in	section	170(b)(1	)(A)(III). 	::\	
4		A medical research organizatio		njunction with a hosp	ital desc	ribed in <b>s</b>	ection 1/U(b)(1)(A)(i	H). Em	er the
	'	nospital's name, city, and state An organization operated for t	(; 				al but a matter and a		dosoribad in
5				college or university (	owned o	r operate	d by a governmenta	ti Giiii	described in
		section 170(b)(1)(A)(iv). (Comp				4=00.1	44444		
6		A federal, state, or local govern	ment or governr	nental unit described	in sectio	on 170(b)	(1)(A)(V).	the e	oporal public
7		An organization that normally			oort from	a goveri	amental unit or from	ine y	eneral public
		described in <b>section 170(b)(1)</b>							
8		A community trust described in							
9	Ш.	An agricultural research organi	zation described	in section 170(b)(1)(	A)(ix) op	erated in	conjunction with a la	and-gra	ant college
		or university or a non-land-grai	nt college of agri	culture (see instructio	nis). Ente	я ине пап	ie, city, and state of	uie co	nege or
40		university: An organization that normally r	opolyoe (1) more	than 3310% of its sui	nnort fro	m contrib	utions membership	fees a	and gross
10		receints from activities related	to its exempt fur	nctions, subject to cei	rtain exce	eptions: a	ind (2) no more than	331/39/	of its
		support from gross investment	income and unr	elated business taxal	ole incom	ie (less se	ection 511 tax) from	busine	sses
		acquired by the organization at An organization organized and							
11		An organization organized and a	operated exclusive	volv for the benefit of	to perfor	m the fun	ctions of orto carny	out the	nurnoses of
12	<u>.</u>	one or more publicly supported	operateu exclusiv Lorganizations de	scribed in <b>section 5</b> (	10 penoi 19(a)(1) o	r section	509(a)(2). See section	on 509	(a)(3). Check
		the box on lines 12a through 12	d that describes	the type of supporting	organiza	ation and	complete lines 12e, 1	2f, and	d 12g.
-		Type I. A supporting organ							
â	ı t	the supported organization	(s) the power to	regularly appoint or e	lect a ma	iority of t	he directors or truste	es of	the
		supporting organization. Ye	ou must comple	te Part IV, Sections	A and B				
t	. [	Type II. A supporting organ					supported organization	on(s), t	y having
	•	control or management of	he supporting o	rganization vested in	the same	persons	that control or mana	age the	supported
		organization(s). You must							
C	: [	Type III functionally integ	rated. A support	ing organization oper	ated in c	onnectio	n with, and functions	lly inte	grated with,
		its supported organization(							
C	[	Type III non-functionally i	<b>ntegrated.</b> A suj	pporting organization	operated	d in conn	ection with its suppo	rted o	rganization(s)
		that is not functionally integ	rated. The organ	nization generally mus	st satisfy	a distribu	tion requirement an	d an at	ttentiveness
		requirement (see instruction							
•	•	Check this box if the organ	ization received	a written determination	on from t	he IRS th	at it is a Type I, Type	e II, Typ	pe III
	_	functionally integrated, or 7	•	tionally integrated sur	sporting .	organizat	IOH.		
1		nter the number of supported or rovide the following information		orted organization/s)				•	
<u> </u>		<del></del>	(ii) EIN	(iii) Type of organization	1	organization	(v) Amount of monetary	(vii	Amount of
	{I) I	ame of supported organization	(11) = 114	(described on lines 1-10	listed in you	ur governing	support (see	other	support (see
				above (see instructions))	gocn	ment?	instructions)	in	structions)
					Yes	No			
(A)									
/D\									
(B)									
(C)					}				
					<del> </del>	ļ			
(D)									
					<del>                                     </del>	<del> </del>			
(E)									
Tota	al								
			The second secon						

Part II

Part	Support Schedule for Organiza	ations Descri	bed in Secti	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi)	)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio:	n failed to qua	alify under
	Part III. If the organization fails to	gualify unde	r the tests lis	sted below, p	lease comple	te Part III.)	
Section	on A. Public Support	- <u></u>					
	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	· · · · · · · · · · · · · · · · · · ·	(8) 2011	(6) 2010	(0) 2010	(a) EoEo	(0) 202 :	(1)
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						<del></del>
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						
	Total. Add lines 1 through 3						
4	=						
5	The portion of total contributions by						
	each person (other than a					114 114 114	
	governmental unit or publicly	and the state of the	- 3 A 17 A 8 D	A Company	and the second	41 (1885) 2 (8)	
	supported organization) included on	1967 (E. 18 SE-1918)	reconstruction of	THE MITTERS	65.5 H 3.35	1.4540.7.1.2	
	line 1 that exceeds 2% of the amount	As a province the con-	FG-1996 September	are a gradual	445 P. S. S.	agus de se o se e se	
	shown on line 11, column (f)				7-2-1	14 24 25	
6	Public support. Subtract line 5 from line 4			A CONTRACTOR	A STATE OF THE STA	neterika isi kecarawa	
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
0	payments received on securities loans,			1			
	rents, royalties, and income from						
	similar sources						
_				<del>                                     </del>	<del>                                     </del>		
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	ļ <u>.</u>					
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10			6.000			
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization':	s first, second	d, third, fourth.	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						📂 🗂
Sacti	on C. Computation of Public Suppo						<del></del>
	Public support percentage for 2021 (line			11 column (fl)		14	%
14	Public support percentage from 2020 Sc					15	%
15	33 <sup>1</sup> /3% support test—2021. If the organ	rieduse A, Fait	chack the ha				
16a	box and <b>stop here</b> . The organization qua	nization did not	icly supported	i organization	110 1110 17 10 0		<b>▶</b> 1
							. , P
b	331/3% support test-2020. If the organ	ization did not	cneck a box o	on line 13 or 10	oa, and line to	15 33 73% OF III	ore, check
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test-2	<b>2021.</b> If the orga	anization did r	not check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is
	10% or more, and if the organization n	neets the facts	-and-circumst	tances test, ch	neck this box a	and <b>stop here.</b>	Explain in
	Part VI how the organization meets the	facts-and-circ	umstances te	st. The organi	zation qualifies	s as a publicly	supported
	organization						<b>&gt;</b> [
b	10%-facts-and-circumstances test – 2	2020 If the ora	anization did :	not check a bo	ox on line 13	16a, 16b or 17	a, and line
U	15 is 10% or more, and if the organization	on meets the fa	acts-and-circu	imstances test	check this bo	x and stop he	re. Explain
	in Part VI how the organization meets th	on modes the is	roumetancee t	est. The organ	ization qualifie	s as a publicly	supported
		io racio-anu-cii	varristarites t	oot. The Organ	u.ron quanne	- as a pasiroly	
40	organization	allal mak aba-t-	a bay sa lisa			chack this ba	v and see
18	Private foundation. If the organization	ula not check	a box on line	e 13, 10a, 10t	), 17a, Ur 17D	, UTION THIS DO	walin see
	instructions						- · ·

20

Part	Support Schedule for Organiza (Complete only if you checked the	ations Descr	ribed in Secti	ion 509(a)(2)	nization failed	I to qualify i	inder Part II
	If the organization fails to qualify						ander rare ii.
Socti	on A. Public Support	under the te	Sta listed ben	ov, piodec ce	inploto i air i	1.,	
	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Calen	Gifts, grants, contributions, and membership fees	(a) 2011	(b) 2010	(6) 2010	(u) 2020	(C) LOL	(1) 10141
1	received. (Do not include any "unusual grants.")		1		İ		:
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
9	organization's tax-exempt purpose						-
3	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	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		ļ		.,		
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				974 C. 1 W. 105 Per 22 C. 10	recent the second second	
8	Public support. (Subtract line 7c from					en en reger de la company	
	line 6.)			and the state of the			
	on B. Total Support	( ) 2047	# 1 0040	( ) 0040	(.0.0000	4-3-0004	(6 T-+-1
	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6		<del> </del>				
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
<b>L</b>							
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	į					
_		-					
C							
11	Net income from unrelated business activities not included on line 10b, whether						1
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u></u>				:
14	First 5 years. If the Form 990 is for the	-	's first, second	I, third, fourth,	or fifth tax ye	ar as a sect	ion 501(c)(3)
	organization, check this box and stop he		<u> </u>				> _
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2021 (line		•				0 %
16	Public support percentage from 2020 Sc			<u> </u>		16	%
	on D. Computation of Investment In					1,-1	2.1
17	Investment income percentage for 2021	•		•			0 %
18	Investment income percentage from 2020					18 201	% and line
19a	331/3% support tests—2021. If the organ						
•.	17 is not more than 331/3%, check this box	_	_			-	_
b	331/3% support tests — 2020. If the organization 18 is not more than 331/3%, check this						

### Part IV Suppo

**Supporting Organizations** 

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

CCU	on A, All Supporting Organizations		
		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	Control of
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	g garage and an
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	indi dere enie
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	AGEN.
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
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.	40	
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	
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	anexe.
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990).	7	
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	\$ (\$ (F)
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	
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	
C	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	
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	
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	

Part	Supporting Organizations (continued)	Yes No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a
c b	A family member of a person described on line 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11b
Secti	on B. Type I Supporting Organizations	No. No.
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Yes No
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Sect	ion C. Type II Supporting Organizations	W 14
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).	Yes No
Sect	ion D. All Type III Supporting Organizations	120 120
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?	Yes No
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).	2
3	By reason of the relationship described on 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3
Sect	ion 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	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> </ul>	
b	☐ The organization is the parent of each of its supported organizations. Complete time 3 below.  ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	(see instructions).
2	Activities Test. Answer lines 2a and 2b below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <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
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 a	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</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
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

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru: izati	st on Nov. 20, 1970 (e <i>xplaii</i> ons must complete Sectio	ns A through E.
Secti	on A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			en e
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 (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
-8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount		en godina i skilosof senete k	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	and the second s	
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		Superior and the agent the second section of	
_	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function (see instructions).	ally	integrated Type III support	ing organization

Schedul	e A (Form 990) 2021				Page <b>7</b>
Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continue	<u>a)</u>	
Secti	on DDistributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	orted		
	organizations, in excess of income from activity	<u> </u>	2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	· · · · · · · · · · · · · · · · · · ·	(i)	(ii)		(iii)
Secti	on E—Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	ns	Distributable
			Pre-2021	da terran	Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021	Construction Construction			Managara (Santa Santa Sant
	(reasonable cause required - explain in Part VI). See				
	instructions.			Same of the	
3	Excess distributions carryover, if any, to 2021				agenten en e
а	From 2016				
b	From 2017				
C	From 2018			Ţ.	Section 1
d	From 2019		ar kar granari bir.	ranto	a pagasan seraka pendagan pendagan
<u></u> е	From 2020				Burg Carlotte (Charles and Carlotte )
f	Total of lines 3a through 3e			16.7 (* )	CARL CONTROL OF THE C
g	Applied to underdistributions of prior years				and the state of t
h	Applied to 2021 distributable amount		photo single conservations of	eran (no	
i	Carryover from 2016 not applied (see instructions)		September 1981		
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		in the second of the second	(C.S.)	Principal Control of Control of Control
4	Distributions for 2021 from				Fig. 1 Sec. 1989.
•	Section D, line 7:				
a	Applied to underdistributions of prior years	er			<b>有的人的人的人的人</b>
b	Applied to 2021 distributable amount			(,,445,S	
	Remainder. Subtract lines 4a and 4b from line 4.	William and State of the State			
5	Remaining underdistributions for years prior to 2021, if				
3	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2021. Subtract lines 3h		And the Control of th	1000	
6	and 4b from line 1. For result greater than zero, explain in		Barton est en 13		
	Part VI. See instructions.		Company of the Compan		
7	Excess distributions carryover to 2022. Add lines 3j		Digital Commercial Commercial	ordini Organi	Professional Control
•	and 4c.		Section Commence	N. Taran	professional population and profession and the contract of the
8	Breakdown of line 7:				Programme Total Section
a	Excess from 2017			16	ZENAJNE MORES
<u>a</u> b	Excess from 2018	18 F 18 F 18 F 18 F	era a sullinger en		
	Excess from 2019				
C	Excess from 2020				
	Excess from 2021				Appropriate Company of Company (c)
е	LACESS HUIT ZUZT			6.496	Carrier and an open supplied to the control of the

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
<b></b>	
<b>_</b>	
<b>-</b>	