efile GRAPHIC print Submission Date - 2022-11-13 DLN: 93493317016252 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax** 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. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Inspection Treasury **∮**er√fee the 2021 calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022 D Employer identification number **B** Check if applicable: Deerfield High School Hockey Foundation Inc O Address change 51-0163630 O Name change Doing business as ☐ Initial return O Final return/terminated umber and street (or P.O. box if mail is not delivered to street address) ∆mended return PO Box 1085 Application (847) 772-9518 Gending City or town, state or province, country, and ZIP or foreign postal code Deerfield, IL 60015 G Gross receipts \$ 228,230 Name and address of principal officer: **H(a)** Is this a group return for Tom Wolf ☐Yes ✓ No subordinates? 215 Burr Oak Ave Are all subordinates Deerfield, IL 60015 ☐ Yes ☐No included? Tax-exempt status: **501(c)(3)** ☐ 501(c) ( ) **(**(insert no.) 4947(a)(1) or If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: ▶ DHSHockey.com L Year of formation: 2006 M State of legal domicile: IL **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangleSummary 1 Briefly describe the organization's mission or most significant activities: Teach, develop and encourage sportsmanship in the game of hockey Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0 10 Total number of volunteers (estimate if necessary) . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T. Part I. line 11 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 219.754 228.191 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 31 39 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) n 219.785 228.230 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 Benefits paid to or for members (Part IX, column (A), line 4) . 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) > 643 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 172,954 203,257 172,954 203,257 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 46.831 24.973 Assets or d Balances Beginning of Current Year End of Year 75,352 100,325 20 Total assets (Part X. line 16) . 21 Total liabilities (Part X, line 26) . Net assets or fund balances. Subtract line 21 from line 20 100.325 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 2022-11-11 signature of officer Sign Here Tom Wolf Treasurer Type or print name and title Date 2022-11-13 Print/Type preparer's name Check 🗹 if P00490765 Paid self-employed Martin Paltzer Jr CPA Firm's name Firm's EIN Preparer Firm's address > 5407 W LINCOLN AVE Use Only Phone no. (847) 687-6624 🗸 Yes 🗌 No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021) Cat. No. 11282Y

Form	990 (2021)				Page 2
Pa	rt III Statement of Prog	ram Service Accomp	olishments		
	Check if Schedule O cor	tains a response or note	to any line in this Part III		$\square$
1	Briefly describe the organization		-		
High	School Varsity and Junior Varsity	Hockey Program Particip	ating in interscholastic con	npetions locally and regionally	
2	Did the organization undertake	any significant program	services during the year w	hich were not listed on	
	the prior Form 990 or 990-EZ?				🗌 Yes 🔽 No
	If "Yes," describe these new ser	vices on Schedule O.			
3	Did the organization cease con	ducting, or make significa	int changes in how it cond	ucts, any program	
	services?				🗌 Yes 💟 No
	If "Yes," describe these change	s on Schedule O.			
4		organizations are requir		largest program services, as measur grants and allocations to others, the	
4a	(Code: ) (Exp	enses \$ 199,23	38 including grants of \$	0 ) (Revenue \$	228,231 )
	Provided Hockey training, practice a encourages good discipline.	nd competition for about 30 I	ligh School Age Boys. Program	emphasizes good sportsmanship, promote	s physical fitness, and
4b	(Code: ) (Exp	enses \$	including grants of \$	) (Revenue \$	)
4c	(Code: ) (Exp	enses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Descr		-f.d	) (Davianus d	
	(Expenses \$	including grants		) (Revenue \$	)
4e	Total program service expe	nses► 19	9,238		

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 No 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 No 3 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 No 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 No 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 No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 No 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? No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . . 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Nο 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 No 11b c Did the organization report an amount for investments—program related in Part X. line 13 that is 5% or more of its total No 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 No **11d** e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e No 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 Nο 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a No Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 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 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 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 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Nο 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

Par	t IV Checklist of Required Schedules (continued)			rage -
			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		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? If "Yes," complete Schedule J	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?	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? If "Yes," complete Schedule L, 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</i> "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete	28b		No No
29	Schedule L, Part IV	28c 29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		INO
	contributions? If "Yes," complete Schedule M	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? If "Yes," complete Schedule R, Part 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	<b>Section 501(c)(3) organizations.</b> 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> All Form 990 filers are required to complete Schedule O	38		No
Pai	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		I	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   0		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	
За	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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a	No
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	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
	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).		
	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?		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
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	No
	3 - 2 - 3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	7f	No
_	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?	9b	
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
	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	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	
	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		
c	Enter the amount of reserves on hand		
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	 
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	
17	<b>Section 501(c)(21) organizations.</b> 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	

Form 990 (2021) Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 . . . . . . . . . . . . Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent **1**b 0 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Nο of officers, directors or trustees, or key employees to a management company or other person? 4 Nο Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο 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 Nο . . . . . . . . . . . . . . . . . . . **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Nο Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? . . . . . . . 8a Yes Each committee with authority to act on behalf of the governing body? . 8b Yes 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 Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a No 10a 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, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Nο **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12a Nο Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b . . . . . . . c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 12c Did the organization have a written whistleblower policy? . . . 13 13 No 14 Did the organization have a written document retention and destruction policy? 14 No 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? a The organization's CEO, Executive Director, or top management official . . . 15a No 15b Nο Other officers or key employees of the organization . If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . 16a No 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 

## Section 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.

Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

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

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶Iris Keene 1700 Saunders Road Bannockburn, IL 60015 (312) 909-6215

16h

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

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

a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizate

**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, or 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.

Check this box if neither the organization no	any related or	ganizat	ion co	omp	ensa	ated ar	ny c	urrent officer, direc	tor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee)					ore son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations
(1) Rory Margulis President	2.00			х				0	0	
(2) Tom Wolf Treasurer	2.00			х				0	0	
(3) Steve Becker Secretary	2.00			х				0	0	
(4) Steve Blackstone Director	1.00	х						0	0	
(5) Mike Nervick Director	1.00	х						0	0	
6) Ben Cohen Director	1.00	Х						0	0	
(7) Brian Jacobs Director	1.00	х						0	0	
(8) Dave Malk Director	1.00	х						0	0	
(9) PJ Schmidt Director	1.00	х						0	0	

Pa	rt VII Section A. Officers, Direct	tors, Trustees	, Key I	Empl	oye	es,	and I	High	nest Coi	npensate	ed Employees	(con	tinued)	
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations	than d is b	one booth a direc	ox, ι in of tor/t	t che unles ficer rust		son	Repo compo fro organiz 2/1	(D) ortable ensation m the ration (W- L099- 099-NEC)	(E) Reportable compensatio from related organizations ( 2/1099- MISC/1099-NE	n d (W-	Estim amount comper from organizat	ated of other isation the tion and
		below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	11130,1		N. 155, 1533 N.		organiz	
												-		
												+		
												+		
												+		
	Sub-Total				٠.		•							
	Total from continuation sheets to P Total (add lines 1b and 1c)			•	•	•	<u>*</u>							
2	Total number of individuals (including reportable compensation from the org	but not limited				ove		recei	ived more	e than \$10	0,000 of			
													Yes	No
3	Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule J			e, ke	y em	nplo	yee, or	higl	hest com	pensated e	employee on			
4	For any individual listed on line 1a, is			omno	ncat	tion.	and of	hor	compone	ation from	the the	3		No
4	organization and related organization: individual										tile	4		No
5	Did any person listed on line 1a receive			• ion fr	· om s	• anv		tod o	· ·	ion or indiv	idual for			140
,	services rendered to the organization									• •		5		No
S	ection B. Independent Contract	ors												
1	Complete this table for your five higher the organization. Report compensation											npens	sation from	m
	·	(A) and business addre			<i>y</i>	3			3		(B)			C) nsation
	ivalile (	and business dual								DCSC	paron or activices		compe	

		4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization		
	services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
S	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received method organization. Report compensation for the calendar year ending with or within the organization.		sation from
	(A) Name and business address	<b>(B)</b> Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2021)				Page <b>1</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co	mplete all columns.	All other organization	s must complete col	umn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			$\square$
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members		İ		
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
11 Fees for services (non-employees):				
a Management	54,140	54,140	0	0
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	14,294	10,275	3,376	643
14 Information technology				
15 Royalties				
<b>16</b> Occupancy	107,288	107,288	0	0
<b>17</b> Travel	616	616	0	0

	and 10				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
ā	Management	54,140	54,140	0	0
k	Legal				
c	: Accounting				
c	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	14,294	10,275	3,376	643
14	Information technology				
15	Royalties				
16	Occupancy	107,288	107,288	0	0
17	Travel	616	616	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Tournament Fees	21,206	21,206	0	0
	<b>b</b> Uniforms	5,713	5,713	0	0
	с				
	d				
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	203,257	199,238	3,376	643
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

١	9	90	( 4	202
ì	rt	Χ		

Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX . (A) (B) Beginning of year End of year 75.352 1 100.325 Cash-non-interest-bearing Savings and temporary cash investments . . . . 2

2 3 Pledges and grants receivable, net . . . 3 4 Accounts receivable, net . . .

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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . Notes and loans receivable, net . .

10a 10b

Inventories for sale or use . . Prepaid expenses and deferred charges . . . basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments—publicly traded securities .

**10a** Land, buildings, and equipment: cost or other 11 12 13 14 15 Other assets. See Part IV, line 11 . 16

17 Accounts payable and accrued expenses . 18

Investments—other securities. See Part IV, line 11 . . . Investments—program-related. See Part IV, line 11 . **Total assets.** Add lines 1 through 15 (must equal line 33) . . . Grants payable . . . 19 Deferred revenue . . . . . 20 Tax-exempt bond liabilities . . . 21

or family member of any of these persons

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity Secured mortgages and notes payable to unrelated third parties . . . 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).

jabilities 24 25 Complete Part X of Schedule D

27

Fund

5 29

Assets 30

Net 33

31

32

26 Balances complete lines 27, 28, 32, and 33.

complete lines 29 through 33.

Total net assets or fund balances

**Total liabilities.** Add lines 17 through 25 . . Net assets without donor restrictions

Capital stock or trust principal, or current funds

Net assets with donor restrictions

Organizations that follow FASB ASC 958, check here

Paid-in or capital surplus, or land, building or equipment fund .

Total liabilities and net assets/fund balances . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and

0

75.352

75.352

75.352

75,352

23 24 25

22

26

27

28

29

30

31

32

33

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6 7

8 9

10c 11

12

13 14

15

16

17

18 19

21

20

100,325

0

100.325

100.325

100.325 Form 990 (2021)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  Attach to Form 990 or Form 990-EZ.  Go to www.irs.gov/Form990 for instructions and the latest information.  Employer idea 51-0163630  Part I Reason for Public Charity Status (All organizations must complete this part.) See instruction The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  A medical research organization operated for the benefit of a college or university owned or operated by a governmental unit of 170(b)(1)(A)(iii). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).	i). Enter the hospital's described in <b>section</b>
Treasury Internal Revenue    So to	Inspection ntification number  S.  i). Enter the hospital's described in section
Part I Reason for Public Charity Status (All organizations must complete this part.) See instruction The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  1	i). Enter the hospital's described in section
Part I Reason for Public Charity Status (All organizations must complete this part.) See instruction The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  1	i). Enter the hospital's described in <b>section</b>
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  1	i). Enter the hospital's described in <b>section</b>
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  An organization operated for the benefit of a college or university owned or operated by a governmental unit of 170(b)(1)(A)(iv). (Complete Part II.)	described in <b>section</b>
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit of 170(b)(1)(A)(iv). (Complete Part II.)	described in <b>section</b>
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit of 170(b)(1)(A)(iv). (Complete Part II.)	described in <b>section</b>
name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit of 170(b)(1)(A)(iv). (Complete Part II.)	described in <b>section</b>
170(b)(1)(A)(iv). (Complete Part II.)	
6 A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .	eneral public described in
	eneral public described in
An organization that normally receives a substantial part of its support from a governmental unit or from the c section 170(b)(1)(A)(vi). (Complete Part II.)	
A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
An agricultural research organization described in <b>170(b)(1)(A)(ix)</b> operated in conjunction with a land-grant non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or univer	
An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fe activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its su income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organiz See section 509(a)(2). (Complete Part III.)	pport from gross investment
An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b>	
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry of more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 5</b> lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12c	<b>09(a)(3).</b> Check the box on
Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typical organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting complete Part IV, Sections A and B.	
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), b management of the supporting organization vested in the same persons that control or manage the supported complete Part IV, Sections A and C.	
Type III functionally integrated. A supporting organization operated in connection with, and functionally in organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	regrated with, its supported
d Type III non-functionally integrated. A supporting organization operated in connection with its supported functionally integrated. The organization generally must satisfy a distribution requirement and an attentivenes instructions). You must complete Part IV, Sections A and D, and Part V.	
e Check this box if the organization received a written determination from the IRS that it is a Type II, Type or Type III non-functionally integrated supporting organization.	III functionally integrated,
f Enter the number of supported organizations	
g Provide the following information about the supported organization(s).	-f (-t) Amount of
(ii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iv) Is the organization listed in your governing document? (see instructions)	port other support (see
Yes No	
Total	0
	nedule A (Form 990) 2021

	(Complete only if you che	ecked the box o	on line 5, 7, or 8	of Part I or if the	he organization f	failed to qualit	
_	the organization failed to	qualify under t	the tests listed	below, please c	complete Part III.	)	
	ection A. Public Support		_	1			
	lendar year	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	fiscal year beginning in) Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grant.")						
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						
	The portion of total contributions by						
•	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from						
	line 4. ection B. Total Support						
	lendar year	Τ	1	1	1	1	T
	fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	( <b>d</b> ) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through						
12	10 Gross receipts from related activities, e	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	3			•		anization, check
_	this box and stop here					🚩	J
			_	(f))		T T	
	Public support percentage for 2021 (lin					14	0 %
	Public support percentage for 2020 Sch					15	
<b>16</b> a	<b>33</b> 1/3% <b>support test—2021.</b> If the or						_
b	and <b>stop here.</b> The organization quality <b>33</b> 1/3% <b>support test—2020.</b> If the o						
	box and <b>stop here.</b> The organization	qualifies as a pul	olicly supported o	rganization			▶ 🗆
<b>17</b> a	10%-facts-and-circumstances test- if the organization meets the "facts-and	<b>-2021.</b> If the org	anization did not	check a box on li	ne 13, 16a, or 16b,	, and line 14 is 1	10% or more, and
	"facts-and-circumstances" test. The ore	nanization qualific	ac ac a nublicly cu	innorted organiza	tion	•	

10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets

the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . .

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

cne	dule A (Form 990) 2021						Page :
F	art III Support Schedule fo						
	(Complete only if you o					to qualify unde	r Part II. If the
-	organization fails to qu	ality under the t	ests listed belo	w, piease comp	lete Part II.)		
	ection A. Public Support endar year			1	1		1
	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	207,109	230,676	226,222	219,785	228,190	1,111,982
2	include any "unusual grants.") . Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						(
	any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are						
3	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	207 100	220.676	226 222	210 705	220 100	1 111 00
6	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and	207,109	230,676	226,222	219,785	228,190	1,111,982
/a	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.						
c	Add lines 7a and 7b						(
8	Public support. (Subtract line 7c						1,111,98
<u> </u>	from line 6.)						_,,
	ection B. Total Support	T	1	T	T	1	T
	endar year fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	207,109	230,676	226,222	219,785	228,190	1,111,98
.0a	Gross income from interest,						
	dividends, payments received on	41	73	61	31	40	24
	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. Add lines 10a and 10b.	41	73	61	31	40	24
c 11	Net income from unrelated business	41	73	01	31	40	241
	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13							1,112,228
	11, and 12.) First 5 years. If the Form 990 is for the	no organization's f	irst second third	fourth or fifth to	y voar as a soctio	n 501(c)(3) organi	ization chack this
14		-			-	_	
-	box and stop here	Support Dore			<u> </u>	<u> </u>	. 🕶 🗆
	ection C. Computation of Public Public support percentage for 2021 (lir			column (f))		1 15 1	00.000.0
15			-			15	99.980 %
16	Public support percentage from 2020 S					16	99.980 %
	ection D. Computation of Invest			. 10			
17	Investment income percentage for 20				•	17	0.020 %
18	Investment income percentage from 2	•	•			18	0.020 %
19a	33 1/3% support tests-2021. If the o						_
	than 33 1/3%, check this box and stop	here The organic	zation qualifies as	a nublicly suppor	ted organization	•	<b>✓</b>
	33 1/3% support tests—2020. If the						

more than 33  $_{1/3}$ %, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . .  $\blacktriangleright$ 

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

## **Supporting Organizations**

complete Part I of Schedule L (Form 990).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

9a

12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <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.				
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).				
	III Section 303(a)(1) or (2).	2			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.				
	Sc 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.				
	determination.				
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.				
	ies, explain in <b>Fait VI</b> what controls the organization put in place to ensure such use.				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.				
	Checked bux 12a of 12b iii Falt i, answer iines 4b and 4t below.				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	rganization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or upervised by or in connection with its supported organizations.				
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections				
C	bid the organization support any foreign supported organization that does not have an insidetermination three 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				

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
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
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <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
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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"

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,"

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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,"

	Supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <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	
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	
c	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? <i>If "Yes," provide detail in Part VI.</i>		
		6	
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).		

Yes No

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

Pā	irt IV	upporting Organizations (continued)			
				Yes	No
11	Has the	organization accepted a gift or contribution from any of the following persons?			
а		who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the g body of a supported organization?	11a		
b	A family	member of a person described on 11a above?	11b		
c	A 35% c	ontrolled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c		
S	VI. ection B	. Type I Supporting Organizations			
	ection b	Type I Supporting Organizations		Yes	No
1	appoint describe activities directors	officers, directors, trustees, or membership of one or more supported organizations have the power to regularly or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's s. If the organization had more than one supported organization, describe how the powers to appoint and/or remove or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to were during the tax year.	1		
2	operated c	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.			
S	ection C	Type II Supporting Organizations			
				Yes	No
1	each of	najority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the organization was vested in the same persons that controlled or managed the supported organization(s).	1		
-		. All Type III Supporting Organizations			
3	ection D	. All Type III Supporting Organizations		Yes	No
1	tax year Form 99	organization provide to each of its supported organizations, by the last day of the fifth month of the organization's (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 0 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing in the organization of the extent not previously provided?	1		
2	or (ii) se	y of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) rving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization led a close and continuous working relationship with the supported organization(s).	2		
3	voice in	n of the relationship described in line 2 above, did the organization's supported organizations have a significant the organization's investment policies and in directing the use of the organization's income or assets at all times he tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E	Type III Functionally-Integrated Supporting Organizations			
1		e box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns):		
		he organization satisfied the Activities Test. Complete <b>line 2</b> below.			
	<b>b</b>	he organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	<b>c</b>	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruct	ions)	
2	Activitie	s Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
	organiza <b>organiz</b> responsi	tantially all of the organization's activities during the tax year directly further the exempt purposes of the supported tion(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported ations and explain</b> how these activities directly furthered their exempt purposes, how the organization was we to those supported organizations, and how the organization determined that these activities constituted ially all of its activities.	2a		
	of the or	activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more ganization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the tion's position that its supported organization(s) would have engaged in these activities but for the organization's nent.	2b		
3	Parent o	f Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of orted organizations? If "Yes" or "No", provide details in <b>Part VI</b> .	3a		
		organization exercise a substantial degree of direction over the policies, programs and activities of each of its end organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	ganiza	ations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ). <b>See</b> instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
	Section A - Adjusted Net Income	(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						
	Section 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):	1						
a	Average monthly value of securities	1a						
b	Average monthly cash balances	<b>1</b> b						
С	Fair market value of other non-exempt-use assets	<b>1</b> c						
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d						
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):							
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						
	Section C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionally-in	tegrate	d Type III supporting orga	anization (see instructions)				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions Current Year							
Amounts paid to supported organizations to accomplish	1	_					
2 Amounts paid to perform activity that directly furthers e excess of income from activity	2						
3 Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons	3				
4 Amounts paid to acquire exempt-use assets			4				
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in <b>Part VI</b> )		5				
6 Other distributions (describe in <b>Part VI</b> ). See instruction	ns		6				
<b>7 Total annual distributions.</b> Add lines 1 through 6.			7				
8 Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	ich the organization is respons	ive ( <i>provide</i>	8				
9 Distributable amount for 2021 from Section C, line 6			9				
10 Line 8 amount divided by Line 9 amount			10				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribut Pre-2021	ions	(iii) Distributable Amount for 2021			
1 Distributable amount for 2021 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in <b>Part VI</b> ). See instructions.							
<b>3</b> Excess distributions carryover, if any, to 2021:							
<b>a</b> From 2016							
<b>b</b> From 2017							
<b>c</b> From 2018							
<b>d</b> From 2019							
e From 2020							
f Total of lines 3a through e							
<ul> <li>g Applied to underdistributions of prior years</li> <li>h Applied to 2021 distributable amount</li> </ul>							
Carryover from 2016 not applied (see instructions)							
i Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4 Distributions for 2021 from Section D, line 7:							
\$							
a Applied to underdistributions of prior years							
<b>b</b> Applied to 2021 distributable amount							
c Remainder. Subtract lines 4a and 4b from line 4.							
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.							
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.							
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.							
8 Breakdown of line 7:							
a Excess from 2017							
<b>b</b> Excess from 2018							
c Excess from 2019							
<b>d</b> Excess from 2020 <b>e</b> Excess from 2021							

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