### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Form 990 check here</td>
<td>1b</td>
</tr>
<tr>
<td>2a</td>
<td>Form 990-EZ check here</td>
<td>2b</td>
</tr>
<tr>
<td>3a</td>
<td>Form 1120-POL check here</td>
<td>3b</td>
</tr>
<tr>
<td>4a</td>
<td>Form 990-PF check here</td>
<td>4b</td>
</tr>
<tr>
<td>5a</td>
<td>Form 8868 check here</td>
<td>5b</td>
</tr>
<tr>
<td>6a</td>
<td>Form 990-T check here</td>
<td>6b</td>
</tr>
<tr>
<td>7a</td>
<td>Form 4720 check here</td>
<td>7b</td>
</tr>
<tr>
<td>8a</td>
<td>Form 5227 check here</td>
<td>8b</td>
</tr>
<tr>
<td>9a</td>
<td>Form 5330 check here</td>
<td>9b</td>
</tr>
<tr>
<td>10a</td>
<td>Form 8038-CP check here</td>
<td>10b</td>
</tr>
</tbody>
</table>

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) (EIN), and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the ERO firm name to enter my PIN as my signature on the tax year 2021 electronically filed return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

- [X] I am an officer of the above entity
- [ ] I am a person subject to tax with respect to the entity

I authorize John Waddell & Co., CPAs to enter my PIN 38410 as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax: [ ]

Date: [ ]

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

| PIN: 68665452634 |

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: [Deborah F Ask, C.P.A.]

Date: [ ]

EEO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So
### Part I. Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I. ☒

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Contributions, gifts, grants, and similar amounts received</td>
<td>$80,850.</td>
</tr>
<tr>
<td>2. Program service revenue including government fees and contracts</td>
<td></td>
</tr>
<tr>
<td>3. Membership dues and assessments</td>
<td></td>
</tr>
<tr>
<td>4. Investment income</td>
<td></td>
</tr>
<tr>
<td>5a. Gross amount from sale of assets other than inventory</td>
<td></td>
</tr>
<tr>
<td>5b. Less: cost or other basis and sales expenses</td>
<td></td>
</tr>
<tr>
<td>6. Gaming and fundraising events:</td>
<td></td>
</tr>
<tr>
<td>a. Gross income from gaming (attach Schedule G if greater than $15,000)</td>
<td></td>
</tr>
<tr>
<td>b. Gross income from fundraising events (not including $</td>
<td></td>
</tr>
<tr>
<td>c. Less: direct expenses from gaming and fundraising events</td>
<td></td>
</tr>
<tr>
<td>7a. Gross sales of inventory, less returns and allowances</td>
<td></td>
</tr>
<tr>
<td>7b. Less: cost of goods sold</td>
<td></td>
</tr>
<tr>
<td>8. Other revenue (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>9. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td>
<td>$80,855.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Grants and similar amounts paid (list in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>11. Benefits paid to or for members</td>
<td></td>
</tr>
<tr>
<td>12. Salaries, other compensation, and employee benefits</td>
<td></td>
</tr>
<tr>
<td>13. Professional fees and other payments to independent contractors</td>
<td></td>
</tr>
<tr>
<td>14. Occupancy, rent, utilities, and maintenance</td>
<td></td>
</tr>
<tr>
<td>15. Printing, publications, postage, and shipping</td>
<td></td>
</tr>
<tr>
<td>16. Other expenses (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>17. Total expenses. Add lines 10 through 16</td>
<td>$96,213.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Excess or (deficit) for the year (subtract line 17 from line 9)</td>
<td></td>
</tr>
<tr>
<td>19. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</td>
<td></td>
</tr>
<tr>
<td>20. Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>21. Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td>$40,762.</td>
</tr>
</tbody>
</table>
**Part II  Balance Sheets**

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Beginning of year</td>
<td>(B) End of year</td>
</tr>
<tr>
<td>Cash, savings, and investments</td>
<td>54,988</td>
</tr>
<tr>
<td>Land and buildings</td>
<td>23</td>
</tr>
<tr>
<td>Other assets (describe in Schedule O)</td>
<td>See Schedule O</td>
</tr>
<tr>
<td>Total assets</td>
<td>60,088</td>
</tr>
<tr>
<td>Total liabilities (describe in Schedule O)</td>
<td>See Schedule O</td>
</tr>
<tr>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>56,120</td>
</tr>
</tbody>
</table>

**Part III  Statement of Program Service Accomplishments**

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenses</td>
<td></td>
</tr>
<tr>
<td>What is the organization's primary exempt purpose?</td>
<td>See Schedule O</td>
</tr>
<tr>
<td>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Grants $ ) If this amount includes foreign grants, check here</td>
<td>28a 57,190</td>
</tr>
<tr>
<td>(Grants $ ) If this amount includes foreign grants, check here</td>
<td>29a</td>
</tr>
<tr>
<td>(Grants $ ) If this amount includes foreign grants, check here</td>
<td>30a</td>
</tr>
<tr>
<td>Other program services (describe in Schedule O)</td>
<td>31a</td>
</tr>
<tr>
<td>Total program service expenses (add lines 28a through 31a)</td>
<td>32 57,190</td>
</tr>
</tbody>
</table>

**Part IV  List of Officers, Directors, Trustees, and Key Employees**

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Name and title</td>
<td>(b) Average hours per week devoted to position</td>
<td>(c) Reportable compensation (Forms W-2/1099-MIS/1099-NEC if not paid, enter -0-)</td>
<td>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</td>
</tr>
<tr>
<td>Glenn Deen Chairman</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Joel Halpern Trustee</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>John Levine Trustee</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kathleen Moriarty Treasurer</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Stephan Wenger Trustee</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Part V  Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. See Sch O  

33  Did the organization engage in any significant activity not previously reported to the IRS?  
   If ‘Yes,’ provide a detailed description of each activity in Schedule O. 
   If ‘No,’ check here  
   Yes  
   No  
   33  X  

34  Were any significant changes made to the organizing or governing documents? If ‘Yes,’ check here and enter the change on Schedule O. Otherwise, explain the change on Schedule O. See instructions. 
   If ‘No,’ provide an explanation in Schedule O. 
   Yes  
   No  
   34  X  

35a  Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  
   If ‘Yes’ to line 35a, has the organization filed a Form 990-T for the year? If ‘No,’ provide an explanation in Schedule O. 
   If ‘Yes,’ complete Schedule C, Part III. 
   If ‘No,’ code as ‘N/A.’ 
   Yes  
   No  
   35a  X  

35b  Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If ‘Yes,’ complete Schedule C, Part III. 
   If ‘No,’ complete Schedule C, Part III. 
   Yes  
   No  
   35b  X  

35c  Did the organization have a controlled entity within the meaning of section 512(b)(13)? 
   If ‘Yes,’ complete applicable parts of Schedule N. 
   If ‘No,’ complete applicable parts of Schedule N. 
   Yes  
   No  
   35c  X  

36  Did the organization have a controlled entity within the meaning of section 512(b)(13)? 
   If ‘Yes,’ complete applicable parts of Schedule N. 
   If ‘No,’ complete applicable parts of Schedule N. 
   Yes  
   No  
   36  X  

37a  Did the organization file Form 1120-POL for this year? 
   Yes  
   No  
   37a  X  

37b  Did the organization file Form 1120-POL for this year? 
   Yes  
   No  
   37b  X  

38a  Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? If ‘Yes,’ report and apply tax of line 38a. 
   If ‘No,’ complete Schedule C, Part III. 
   If ‘Yes,’ complete Schedule C. 
   Yes  
   No  
   38a  X  

38b  Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? If ‘Yes,’ report and apply tax of line 38a. 
   If ‘No,’ complete Schedule C. 
   Yes  
   No  
   38b  X  

39  Section 501(c)(7) organizations. Enter: 
   a  Initiation fees and capital contributions included on line 9. 
   b  Gross receipts, included on line 9, for public use of club facilities. 
   c  All organizations. At any time during the year, was the organization a party to a prohibited tax shelter transaction? If ‘Yes,’ complete Form 8886-T. 
   a  Code as ‘N/A.’ 
   b  Code as ‘N/A.’ 
   c  Code as ‘N/A.’ 
   39  a  0. 
   39  b  0. 
   39  c  0. 

40  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 
   a  Section 4911  
   b  0. 
   c  Section 4912  
   b  0. 
   d  Section 4955  
   b  0. 
   e  All organizations. At any time during the year, was the organization a party to a prohibited tax shelter transaction? If ‘Yes,’ complete Form 8886-T. 
   a  Code as ‘N/A.’ 
   b  Code as ‘N/A.’ 
   c  Code as ‘N/A.’ 
   40 a  0. 
   40 b  0. 

41  List the states with which a copy of this return is filed: None  

42a  The organization’s books are in care of: 
   a  AMS  
   Telephone no.  
   b  510-492-4080  
   Located at  
   5177 Brandt Ct Fremont CA  
   ZIP + 4  
   94538  
   b  At any time during the year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 
   If ‘Yes,’ enter the name of the foreign country: None  
   42a  X  

43  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041.  
   Enter the amount of tax-exempt interest received or accrued during the tax year. 
   If ‘No,’ code as ‘N/A.’ 
   If ‘Yes,’ check here. 
   N/A  
   43  N/A  

44a  Did the organization maintain any donor advised funds during the year? If ‘Yes,’ Form 990 must be completed instead of Form 990-EZ. 
   b  Did the organization operate one or more hospital facilities during the year? If ‘Yes,’ Form 990 must be completed instead of Form 990-EZ. 
   c  Did the organization receive any payments for indoor tanning services during the year? 
   If ‘Yes,’ code as ‘N/A.’ 
   44a  X  

44b  Did the organization maintain any donor advised funds during the year? If ‘Yes,’ Form 990 must be completed instead of Form 990-EZ. 
   b  Did the organization operate one or more hospital facilities during the year? If ‘Yes,’ Form 990 must be completed instead of Form 990-EZ. 
   c  Did the organization receive any payments for indoor tanning services during the year? 
   If ‘Yes,’ code as ‘N/A.’ 
   44b  X  

44c  Did the organization receive any payments for indoor tanning services during the year? 
   If ‘Yes,’ code as ‘N/A.’ 
   44c  X  

44d  Did the organization have a controlled entity within the meaning of section 512(b)(13)? 
   If ‘Yes,’ Form 990 and Schedule R may need to be completed instead of Form 990-EZ. 
   44d  X  

45a  Did the organization have a controlled entity within the meaning of section 512(b)(13)? 
   If ‘Yes,’ Form 990 and Schedule R may need to be completed instead of Form 990-EZ. 
   45a  X  

45b  Did the organization have a controlled entity within the meaning of section 512(b)(13)? 
   If ‘Yes,’ Form 990 and Schedule R may need to be completed instead of Form 990-EZ. 
   45b  X
Part VI: Section 501(c)(3) Organizations Only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI. □

47 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. □

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. □

49 a Did the organization make any transfers to an exempt non-charitable related organization? □
   b If 'Yes,' was the related organization a section 527 organization? □

50 Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|------------------------------------|-----------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------|
| None                               |                                               |                                                             |                                                                                      |
|                                    |                                               |                                                             |                                                                                      |
|                                    |                                               |                                                             |                                                                                      |
|                                    |                                               |                                                             |                                                                                      |
|                                    |                                               |                                                             |                                                                                      |

f Total number of other employees paid over $100,000 ...........................................

51 Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d Total number of other independent contractors each receiving over $100,000 ...........................................

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. □

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.

Sign Here

Signature of officer

Glenn Deen

Champion

Type or print name and title

Print/Type preparer’s name

Deborah F Ask, C.P.A.

Preparer’s signature

Deborah F Ask, C.P.A.

Date

Check □ self-employed

PTIN P00052634

Paid Preparer Use Only

Firm’s name ▶ John Waddell & Co., CPAs

Firm’s address ▶ 3416 American River Drive, #A

Sacramento, CA 95864

Firm’s EIN ▶ 94-2392970

Phone no. 916-488-2460

May the IRS discuss this return with the preparer shown above? See instructions. □

☑ Yes  □ No

BAA
**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](http://www.irs.gov/Form990) for instructions and the latest information.

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

<table>
<thead>
<tr>
<th></th>
<th>Reason for Public Charity Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state:</td>
</tr>
<tr>
<td>5</td>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
</tr>
<tr>
<td>6</td>
<td>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</td>
</tr>
<tr>
<td>7</td>
<td>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>8</td>
<td>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
</tr>
<tr>
<td>9</td>
<td>An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.)</td>
</tr>
<tr>
<td>10</td>
<td>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>12</td>
<td>An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.)</td>
</tr>
<tr>
<td>a</td>
<td>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. <strong>You must complete Part IV, Sections A and B.</strong></td>
</tr>
<tr>
<td>b</td>
<td>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). <strong>You must complete Part IV, Sections A and C.</strong></td>
</tr>
<tr>
<td>c</td>
<td>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). <strong>You must complete Part IV, Sections A, D, and E.</strong></td>
</tr>
<tr>
<td>d</td>
<td>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). <strong>You must complete Part IV, Sections A and D, and Part V.</strong></td>
</tr>
<tr>
<td>e</td>
<td>Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
</tr>
<tr>
<td>f</td>
<td>Enter the number of supported organizations.</td>
</tr>
<tr>
<td>g</td>
<td>Provide the following information about the supported organization(s).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Name of supported organization</th>
<th>EIN</th>
<th>Type of organization (described on lines 1-10 above (see instructions))</th>
<th>Is the organization listed in your governing document?</th>
<th>Amount of monetary support (see instructions)</th>
<th>Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(i) Name of supported organization</td>
<td>(ii) EIN</td>
<td>(iii) (Type of organization (described on lines 1-10 above (see instructions))</td>
<td>(iv) Is the organization listed in your governing document?</td>
<td>(v) Amount of monetary support (see instructions)</td>
<td>(vi) Amount of other support (see instructions)</td>
</tr>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>68,596.</td>
<td>90,258.</td>
<td>92,842.</td>
<td>80,850.</td>
<td>332,546.</td>
<td>68,596.</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.</td>
<td>68,596.</td>
<td>90,258.</td>
<td>92,842.</td>
<td>80,850.</td>
<td>332,546.</td>
<td>68,596.</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>0.</td>
<td>68,596.</td>
<td>90,258.</td>
<td>92,842.</td>
<td>80,850.</td>
<td>332,546.</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td>16,498.</td>
<td>16,498.</td>
<td>16,498.</td>
<td>16,498.</td>
<td>16,498.</td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td>316,048.</td>
<td>316,048.</td>
<td>316,048.</td>
<td>316,048.</td>
<td>316,048.</td>
<td>316,048.</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>0.</td>
<td>68,596.</td>
<td>90,258.</td>
<td>92,842.</td>
<td>80,850.</td>
<td>332,546.</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).</td>
<td>5,005.</td>
<td>5,005.</td>
<td>5,005.</td>
<td>5,005.</td>
<td>5,005.</td>
<td>5,005.</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td>337,551.</td>
<td>337,551.</td>
<td>337,551.</td>
<td>337,551.</td>
<td>337,551.</td>
<td>337,551.</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))</th>
<th>93.63%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage from 2020 Schedule A, Part II, line 14</td>
<td>0.00%</td>
</tr>
<tr>
<td>16a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>X</td>
</tr>
<tr>
<td>17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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</td>
<td>X</td>
</tr>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td>X</td>
</tr>
</tbody>
</table>
### Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any ‘unusual grants.’)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization’s tax-exempt purpose.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. Add lines 1 through 5.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts from line 6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net income from unrelated business activities not included on line 10, whether or not the business is regularly carried on.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total support. Add lines 9, 10c, 11, and 12.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>First 5 years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2021 %</th>
<th>(b) 2020 %</th>
<th>(c) 2019 %</th>
<th>(d) 2020 %</th>
<th>(e) 2021 %</th>
<th>(f) Total %</th>
</tr>
</thead>
</table>

#### Section D. Computation of Investment Income Percentage

| Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). | 17 % |
| Investment income percentage from 2020 Schedule A, Part III, line 17. | 18 % |

**33-1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.**

**b 33-1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.**

**Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.**
### Part IV 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.)

#### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 Part VI when and how the organization made the determination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 Part VI what controls the organization put in place to ensure such use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 Part VI 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 Part VI, 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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Substitutions only. Was the substitution the result of an event beyond the organization's control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 benefitted 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 Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part IV Supporting Organizations (continued)

### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the organization accepted a gift or contribution from any of the following persons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. 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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. A family member of a person described on line 11a above?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. A 35% controlled entity of a person described on line 11a or 11b above?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did 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)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. All Type III Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, a written notice describing the type and amount of support provided during the prior tax year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section E. Type III Functionally Integrated Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. The organization satisfied the Activities Test. Complete line 2 below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Activities Test

**Answer lines 2a and 2b below.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Parent of Supported Organizations. Answer lines 3a and 3b below.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

### Section A — Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B — Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by 0.035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C — Distributable Amount

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 0.85 of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
</tbody>
</table>

Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).
### Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

#### Section D – Distributions

<table>
<thead>
<tr>
<th></th>
<th>Amounts paid to supported organizations to accomplish exempt purposes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2021 from Section C, line 6</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
<td>10</td>
</tr>
</tbody>
</table>

#### Section E – Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2021</th>
<th>(iii) Distributable Amount for 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2021 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a From 2016 ...............</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b From 2017 ...............</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c From 2018 ...............</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d From 2019 ...............</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e From 2020 ...............</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>f Total of lines 3a through 3e</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>h Applied to 2021 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>i Carryover from 2016 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2021 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Applied to 2021 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Remainder. Subtract lines 4a and 4b from line 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2022. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Excess from 2017 .......</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Excess from 2018 .......</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Excess from 2019 .......</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Excess from 2020 .......</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Excess from 2021 .......</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 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.)

### Part II, Line 10 - Other Income

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other income</td>
<td>$ 5</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 5,000</td>
<td>$ 0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 5</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 5,000</td>
<td>$ 0</td>
</tr>
</tbody>
</table>
Schedule B
(Form 990)

Schedule of Contributors

2021

Attach to Form 990 or Form 990-PF.

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>IETF Trust</td>
<td>26-6028540</td>
</tr>
</tbody>
</table>

**Organization type** (check one):

- **Filers of:**
  - Form 990 or 990-EZ
    - 501(c)(3) (enter number) organization
    - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
    - 527 political organization
  - Form 990-PF
    - 501(c)(3) exempt private foundation
    - 4947(a)(1) nonexempt charitable trust treated as a private foundation
    - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

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

- **Special Rules**
  - For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.
## Part I Contributors

(see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IETF Administration LLC</td>
<td>$80,850.</td>
<td>Person X Noncash</td>
</tr>
<tr>
<td></td>
<td>1000 N West St. Ste 1200</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wilmington, DE 19801</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate)</td>
<td>(d) Date received</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part III

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)

Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Transferee's name, address, and ZIP + 4

| Relationship of transferor to transferee | |
|----------------------------------------| |

#### Transferee's name, address, and ZIP + 4

| Relationship of transferor to transferee | |
|----------------------------------------| |

#### Transferee's name, address, and ZIP + 4

| Relationship of transferor to transferee | |
|----------------------------------------| |

#### Transferee's name, address, and ZIP + 4

| Relationship of transferor to transferee | |
|----------------------------------------| |
Form 990-EZ, Part I, Line 8
Other Revenue

Miscellaneous

Total $ 5.

Form 990-EZ, Part I, Line 16
Other Expenses

Insurance
Office Expenses
Registration fees
Special projects

Total $ 31,826.

Form 990-EZ, Part II, Line 24
Other Assets

Prepaid Expenses and Deferred Charges

Total $ 5,100.

Form 990-EZ, Part II, Line 26
Total Liabilities

Accounts Payable and Accrued Expenses

Total $ 3,968.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

The advancement of education and public interest by acquiring, holding, maintaining and licensing certain existing and future intellectual property and other property used in connection with the Internet standards process and its administration, for the advancement of the science and technology associated with the Internet and related technology.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Technology & Standards Development:

- We hold and manage all the copyrights, trademarks and licenses for any software code associated with the IETF's internet standards. This is the final stage in the
Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

IETF standards development process.

- We also hold and manage the trademarks for ICANN which is a non-profit that manages the names and numbers used to run the internet as based on IETF standards for the internet.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.............................. No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?......................................................... No