| | | | PUBLIC DISCLOSURE COPY | | | | |
|--|-----------------------|--------------------------------|--|---------------------------------|------------------------------------|--|--|
| | ~ | ~~ | Return of Organization Exempt From | Income Tax | OMB No. 1545-0047 | | |
| For | mУ | 90 | | | 2021 | | |
| | · · | | | | | | |
| Depa Inter | artment o nal Reve | of the Treasury nue Service | - | | Inspection | | |
| AI | For th | e 2021 calend | | | | | |
| | | le: C Name of | f organization | D Employer identifica | tion number | | |
| | | | R 21 | | | | |
| | Name | | | 13-307637 | 6 | | |
| | Initial | | | ite E Telephone number | | | |
| | Final return | 160 | , | | 300 | | |
| | | | own, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 35,291,689. | | |
| | | | YORK, NY 10036 | H(a) Is this a group retu | ım | | |
| | tion | ^{ca-} F Name a | nd address of principal officer: DR . SHAKEEMA NORTH | for subordinates? | Yes X No | | |
| | - | SAME | | H(b) Are all subordinates inclu | uded? Yes No | | |
| | | | | 527 If "No," attach a lis | st. See instructions | | |
| | | | | | | | |
| | | | | ear of formation: 1981 M | State of legal domicile: NY | | |
| Pa | arτι | | | | | | |
| ė | 1 | Briefly describ | e the organization's mission or most significant activities: SEE SCHEL | DULE O | | | |
| Form 990 Description Description | | | | | | | |
| ern | 2 | | - | | | | |
| 200 | 3 | | | | <u>20</u> 20 | | |
| | 1 | | | | 400 | | |
| ties | 1 | | | | 274 | | |
| tivit | | | | | 0. | | |
| Ac | | | | | 0. | | |
| | | Net unrelated | | | | | |
| | 8 | Contributions | and grants (Part VIII, line 1h) | | 34,946,818. | | |
| nue | 9 | | | | 335,531. | | |
| eve | 10 | | - | | 8,866. | | |
| č | 11 | | | | 474. | | |
| | 12 | Total revenue | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 32,304,678. | 35,291,689. | | |
| | 13 | Grants and sir | nilar amounts paid (Part IX, column (A), lines 1-3) | | 4,699,494. | | |
| | 14 | Benefits paid | to or for members (Part IX, column (A), line 4) | | 0. | | |
| ŝ | 15 | Salaries, other | r compensation, employee benefits (Part IX, column (A), lines 5-10) | | 20,818,449. | | |
| , Sus | 16a | Professional fi | undraising fees (Part IX, column (A), line 11e) | 0. | 0. | | |
| ďX | . b | | | | | | |
| ш | 1 " | | | | | | |
| | | | | | | | |
| | | Revenue less | | | | | |
| ts of | | | | | | | |
| Ssei | 20 | | | | | | |
| let ⊿ | 21 | | | | | | |
| | <u>1 22</u> art II | | | 0,103,302. | 3,113,433. | | |
| | | - | | amonte and to the heet of mul | nowledge and belief it is | | |
| | | | | | הטאוטעטט מווע טפוופו, וג וט | | |
| | , | | | | | | |
| Signature of officer Date | | | | | | | |

| Here | DR. SHAKEEMA NORTH , I | NTERIM EXECUTIVE DI | RECTOR 05/11/2023 |
|-------------|--|------------------------------------|----------------------------------|
| | Type or print name and title | | |
| | Print/Type preparer's name | Preparer's signature | Date Check PTIN |
| Paid | GARRETT M. HIGGINS | GARRETT M. HIGGINS | 05/11/23 self-employed P00543209 |
| Preparer | | IES ADVISORY, LLC | Firm's EIN ▶ 87-3231666 |
| Use Only | Firm's address 500 MAMARONECK A | VENUE, SUITE 301 | |
| | HARRISON, NY 105 | 28-1633 | Phone no. $914 - 381 - 8900$ |
| May the If | RS discuss this return with the preparer shown abo | ve? See instructions | X Yes No |
| 132001 12-0 | 9-21 LHA For Paperwork Reduction Act Notic | ce, see the separate instructions. | Form 990 (2021) |

| Briefly describe the organization's mission: SEE SCHEDULE 0 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 980-E2? U'Yes, 'describe these changes on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses Secton 501(6)30 and 501(6)40 organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses Secton 501(6)30 and 501(6)40 organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses Secton 501(6)30 and 501(6)40 organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses COVENANT HOUSE NEW YORK (CHNY) PROVIDES SERVICES TO YOUTH EXPERIENCI COVENANT HOUSE NEW YORK (CHNY) PROVIDES SERVICES TO YOUTH EXPERIENCE OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR TO ANY YOUTH OR PROVIDES A 20-BED SHELTER FOR YOUNG FEMALE-IDENTIFIED ADULTS, AGES 21-24. YOUTH CAN STAY IN OUR CRISIS SHELTERS FOR UP TO 60 DAYS, OR 3 DAYS WITH AN EXTERNSION ALLOWED BY NYS OFFICE OP CHILDREN AND FAMILY SERVICES (OCFS). IN FY2022, COVENANT HOUSE NEW YORK PROVIDED SHELTE ND SUPPORTIVE SERVICES TO 1, 105 YOUTH. WITH CAPACITY 140 BEDS PER NIGHT, CHNY'S CRISIS SHELTERS SPECIALIZE IN ENSURING THAN AFRISK YA PEOPLE RECEIVE BASIC NEEDS WHILE MOVING TOWARD STABILITY IN A (code | |
|--|------------|
| prior 700 900 or 900-E27 [Vert If "Yes," describe these new services on Schedule 0. Dath de organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses Section 501(c)(a) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any, for each program service reported. (code:) [resonaes 11, 948, 366. Including games of 543, 220.) (measures a cresting, if any, for each program service reported. (code:) [resonaes 11, 948, 366. Including games of 543, 220.) (measures a cresting, if any, for each program service reported. (code:) [resonaes 11, 948, 366. Including games of 543, 220.) (measures a cresting, if any, for each program service reported. (code:) [resonaes 11, 948, 366. Including games of 543, 220.) (measures a cresting, if any, for each program service reported. (code:) [resonaes 12, 7, DAYS A WEEK, 365 DAYS A YEAR TO ANY YOUTH EXPERIENCE OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR TO ANY YOUTH OR YOUNG ADULT, AGE 16-21 WHO IS EXPERIENCING HOMELESSNESS. CHNY ALSO PROVIDES A 20-BED SHELTER FOR YOUNG PEMALE-IDENTIFIED ADULTS, AGES 21-24. YOUTH CAN STAY IN OUR CRISIS SHELTERS FOR UP TO 60 DAYS, OR 1 DAYS WITH AN EXTRENSION ALLOWED BY NYS OFFICE OF CHILDREN AND FAMILY SERVICES (OCFS). IN FY2022, COVENANT HOUSE NEW YORK PROVIDED SHELTEF AND SUPPORTIVE SERVICES TO 1, 105 YOUTH. WITH CAPACITY 140 BEDS PER NIGHT, CHNY'S CRISIS SHELTERS SPECIALIZE IN ENSURING THAT AT-RISK YQ PEOPLE RECEIVE BASIC NEEDS WHILE MOVING TOWARD STABILITY IN A (code:) [resenses 7, 386, 754. Including games d' 347, 185.) (Measures 7, 386, 754. Including games d' 347, 185.) (Measures 7, 386, 754. Including games d' 347, 185.) (Measures 7, 386, 754. Including games d' 347, 185.) (Measures 7, 386, 754. Including games d' 347, 185.) (Measures 7, 386, 754. Including games d' 347, 185.) (Measures 7, 386, 754. Including games d' 347, 185.) (Measures 7, 386, 754. In | |
| prior 700 900 or 900-E27 [Vert If "Yes," describe these new services on Schedule 0. Dath de organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses Section 501(c)(a) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any, for each program service reported. (code:) [resonaes 11, 948, 366. Including games of 543, 220.) (measures a cresting, if any, for each program service reported. (code:) [resonaes 11, 948, 366. Including games of 543, 220.) (measures a cresting, if any, for each program service reported. (code:) [resonaes 11, 948, 366. Including games of 543, 220.) (measures a cresting, if any, for each program service reported. (code:) [resonaes 11, 948, 366. Including games of 543, 220.) (measures a cresting, if any, for each program service reported. (code:) [resonaes 12, 7, DAYS A WEEK, 365 DAYS A YEAR TO ANY YOUTH EXPERIENCE OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR TO ANY YOUTH OR YOUNG ADULT, AGE 16-21 WHO IS EXPERIENCING HOMELESSNESS. CHNY ALSO PROVIDES A 20-BED SHELTER FOR YOUNG PEMALE-IDENTIFIED ADULTS, AGES 21-24. YOUTH CAN STAY IN OUR CRISIS SHELTERS FOR UP TO 60 DAYS, OR 1 DAYS WITH AN EXTRENSION ALLOWED BY NYS OFFICE OF CHILDREN AND FAMILY SERVICES (OCFS). IN FY2022, COVENANT HOUSE NEW YORK PROVIDED SHELTEF AND SUPPORTIVE SERVICES TO 1, 105 YOUTH. WITH CAPACITY 140 BEDS PER NIGHT, CHNY'S CRISIS SHELTERS SPECIALIZE IN ENSURING THAT AT-RISK YQ PEOPLE RECEIVE BASIC NEEDS WHILE MOVING TOWARD STABILITY IN A (code:) [resenses 7, 386, 754. Including games d' 347, 185.) (Measures 7, 386, 754. Including games d' 347, 185.) (Measures 7, 386, 754. Including games d' 347, 185.) (Measures 7, 386, 754. Including games d' 347, 185.) (Measures 7, 386, 754. Including games d' 347, 185.) (Measures 7, 386, 754. Including games d' 347, 185.) (Measures 7, 386, 754. Including games d' 347, 185.) (Measures 7, 386, 754. In | |
| <pre>f 'Yes,' describe these new services on Schedule 0. Dd the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Tevenue, flarv, for each program service argonization and the provided section of the sect</pre> | |
| <pre># 'Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported. (code:</pre> | ; <u>X</u> |
| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any, for each program service report the amount of grants and allocations to others, the total expenses, a section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a section 501(c)(3) and 501(c)(4) organization's mean service reported. Section 543,220.) (Revenue's CIVENTH HOUSE NEW YORK (CHNY) PROVIDES SERVICES TO YOUTH EXPERIENCING MOMELESSNESS WHO HAVE NOWHERE ELSE TO TURN. THE CHNY CRISIS SHELTER FOR YOUNG ADULT, AGE 16-21 WHO IS EXPERIENCING HOMELESSNESS. CHNY ALSO PROVIDES A 20-BED SHELTER FOR YOUNG FEMALE-IDENTIFIED ADULTS, AGES 12-24. YOUTH CAN STAY IN OUR CRISIS SHELTERS FOR UP TO 60 DAYS, OR 1 DAYS WITH AN EXTENSION ALLOWED BY NYS OFFICE OF CHILDREN AND FAMILY SERVICES (OCFS). IN FY2022, COVENANT HOUSE NEW YORK PROVIDED SHELTER NOD SUPPORTIVE SERVICES TO 1,105 YOUTH. WITH CAPACITY 140 BEDS PER NIGHT, CHNY'S CRISIS SHELTERS SPECIALIZE IN ENSURING THAT AT-RISK YO PEOPLE RECEIVE BASIC NEEDS WHILE MOVING TOWARD STABILITY IN A (conc.) (Reports 7, 836, 754. mediad grants of 347,185.) (Revewes 2, 204, RIGHTS OF PASSAGE (ROP') TRANSITIONAL INDEPENDENT LIVING MANY PEOPLE WHO BENEFIT FROM CHNY'S SHELTER ROGRAM QUALIFY FOR ENTH INTO OUR RIGHTS OF PASSAGE (KOP) PROGRAM. ROP IS A LONGER-TERM, 24-MONTH PROGRAM FOR YOUTH AND YOUNG ADULTS, AGES 16-21, AND INCLUDE THE SAME WRAPAROUND SUPPORTS AS OUR CRISIS SHELTER. ROP ALSO PROVIDE THE SAME WRAPAROUND SUPPORTS AS OUR CRISIS SHELTER. ROP ALSO PROVIDE THE SAME WRAPAROUND SUPPORTS AS OUR CRISIS SHELTER. ROP ALSO PROVIDENT LIVING TO APPROXIMATELY 126 YOUNG PEOPLE TOWARD INDEPENDENT FROM PROVISION OF BASIC NEEDS IN THE FORM OF NOUTON, FOOD, AND CLOTHING ALSO FROM VIGOROUS, EVIDENCE-BASED SUPPORTS DESIGNED TO ENCOURAGE | 5 X |
| [code) [Expenses 11,948,366. mcduding grants of s 543,220.) [Revenues CRISIS SHELTER COVENANT HOUSE NEW YORK (CHNY) PROVIDES SERVICES TO YOUTH EXPERIENCI HOMELESSNESS WHO HAVE NOWHERE ELSE TO TURN. THE CHNY CRISIS SHELTER OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR TO ANY YOUTH OR YOUNG ADULT, AG DAY, 7 DAYS A WEEK, 365 DAYS A YEAR TO ANY YOUTH OR PROVIDES A 20-BED SHELTER FOR YOUNG FEMALE-IDENTIFIED ADULTS, AGES 21-24. YOUTH CAN STAY IN OUR CRISIS SHELTERS FOR UP TO 60 DAYS, OR 1 DAYS WITH AN EXTENSION ALLOWED BY NYS OFFICE OF CHILDREN AND FAMILY SERVICES (OCFS). IN FY2022, COVENANT HOUSE NEW YORK PROVIDED SHELTEF AND SUPPORTIVE SERVICES TO 1,105 YOUTH. WITH CAPACITY 140 BEDS PER NIGHT, CHNY'S CRISIS SHELTERS SPECIALIZE IN ENSURING THAT AT-RISK YC FEOPLE RECEIVE BASIC NEEDS WHILE MOVING TOWARD STABILITY IN A (code: | |
| COVENANT HOUSE NEW YORK (CHNY) PROVIDES SERVICES TO YOUTH EXPERIENCI HOMELESSNESS WHO HAVE NOWHERE ELSE TO TURN. THE CHNY CRISIS SHELTER OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR TO ANY YOUTH OR YOUNG ADULT, AGE 16-21 WHO IS EXPERIENCING HOMELESSNESS. CHNY ALSO PROVIDES A 20-BED SHELTER FOR YOUNG FEMALE-IDENTIFIED ADULTS, AGES 21-24. YOUTH CAN STAY IN OUR CRISIS SHELTERS FOR UP TO 60 DAYS, OR 1 DAYS WITH AN EXTENSION ALLOWED BY NYS OFFICE OF CHILDREN AND FAMILY SERVICES (OCFS). IN FY2022, COVENANT HOUSE NEW YORK PROVIDED SHELTEF AND SUPPORTIVE SERVICES TO 1,105 YOUTH. WITH CAPACITY 140 BEDS PER NIGHT, CHNY'S CRISIS SHELTERS SPECIALIZE IN ENSURING THAT AT-RISK YC PEOPLE RECEIVE BASIC NEEDS WHILE MOVING TOWARD STABILITY IN A (code:)(Expended 7, 7,836,754mcdude grants of | |
| YOUNG ADULT, AGE 16-21 WHO IS EXPERIENCING HOMELESSNESS. CHNY ALSO PROVIDES A 20-BED SHELTER FOR YOUNG FEMALE-IDENTIFIED ADULTS, AGES 21-24. YOUTH CAN STAY IN OUR CRISIS SHELTERS FOR UP TO 60 DAYS, OR 1 DAYS WITH AN EXTENSION ALLOWED BY NYS OFFICE OF CHILDREN AND FAMILY SERVICES (OCFS). IN FY2022, COVENANT HOUSE NEW YORK PROVIDED SHELTEF AND SUPPORTIVE SERVICES TO 1,105 YOUTH. WITH CAPACITY 140 BEDS PER NIGHT, CHNY'S CRISIS SHELTERS SPECIALIZE IN ENSURING THAT AT-RISK YC PEOPLE RECEIVE BASIC NEEDS WHILE MOVING TOWARD STABILITY IN A (code: | |
| DAYS WITH AN EXTENSION ALLOWED BY NYS OFFICE OF CHILDREN AND FAMILY SERVICES (OCFS). IN FY2022, COVENANT HOUSE NEW YORK PROVIDED SHELTER AND SUPPORTIVE SERVICES TO 1,105 YOUTH. WITH CAPACITY 140 BEDS PER NIGHT, CHNY'S CRISIS SHELTERS SPECIALIZE IN ENSURING THAT AT-RISK YO PEOPLE RECEIVE BASIC NEEDS WHILE MOVING TOWARD STABILITY IN A (code:)(Expenses | |
| AND SUPPORTIVE SERVICES TO 1,105 YOUTH. WITH CAPACITY 140 BEDS PER NIGHT, CHNY'S CRISIS SHELTERS SPECIALIZE IN ENSURING THAT AT-RISK YO PEOPLE RECEIVE BASIC NEEDS WHILE MOVING TOWARD STABILITY IN A (code:)(Expenses _ 7,836,754. including grants of \$ | |
| (Code:) (Expenses | |
| MANY PEOPLE WHO BENEFIT FROM CHNY'S SHELTER PROGRAM QUALIFY FOR ENTF INTO OUR RIGHTS OF PASSAGE (ROP) PROGRAM. ROP IS A LONGER-TERM, 24-MONTH PROGRAM FOR YOUTH AND YOUNG ADULTS, AGES 16-21, AND INCLUDE THE SAME WRAPAROUND SUPPORTS AS OUR CRISIS SHELTER. ROP ALSO PROVIDE PERMANENT HOUSING ASSISTANCE AND PLANNING FOR YOUTH WHILE THEY RESII IN THE PROGRAM. ROP PROVIDED LONGER-TERM TRANSITIONAL INDEPENDENT LIVING TO APPROXIMATELY 126 YOUNG PEOPLE IN FY2022. THE PRIMARY GOAI ROP IS TO PREPARE AND MOVE YOUNG PEOPLE TOWARD INDEPENDENCE AND SELF-SUFFICIENCY. PEOPLE RESIDING IN ROP NOT ONLY BENEFIT FROM PROVISION OF BASIC NEEDS IN THE FORM OF HOUSING, FOOD, AND CLOTHING ALSO FROM VIGOROUS, EVIDENCE-BASED SUPPORTS DESIGNED TO ENCOURAGE (code:)(Expenses6,395,045 including grants of \$2,037,576.) (Revenue \$131, HEALTH CLINIC - CHNY OPERATES A FEDERALLY QUALIFIED HEALTH CLINIC (FQHC) THROUGH WHI IT PROVIDES COMPREHENSIVE HEALTH SERVICES. IN FY2022, APPROXIMATELY 1,094 HOMELESS AND/OR RUNAWAY YOUNG PEOPLE RECEIVED CARE, AND 3909 MEDICAL VISITS WERE PROVIDED. THE HEALTH AND WELLNESS CENTER IS STAF WITH MEDICAL AND ADMINISTRATIVE STAFF THAT INCLUDES DOCTORS, NURSES, LAB TECHNICIANS, AND OTHER MEDICAL PROFESSIONALS WHO ENSURE THE DELIVERY OF HIGH-QUALITY HEALTH SERVICES IN A COMPASSIONATE ATMOSPHE THE HEALTH AND WELLNESS CENTER ALSO PROVIDES MENTAL HEALTH SERVICES ORDER TO ENSURE WE HELP TO MEET THE SIGNIFICANT NEEDS OF OUR YOUNG | 52 |
| 24-MONTH PROGRAM FOR YOUTH AND YOUNG ADULTS, AGES 16-21, AND INCLUDE THE SAME WRAPAROUND SUPPORTS AS OUR CRISIS SHELTER. ROP ALSO PROVIDE PERMANENT HOUSING ASSISTANCE AND PLANNING FOR YOUTH WHILE THEY RESI IN THE PROGRAM. ROP PROVIDED LONGER-TERM TRANSITIONAL INDEPENDENT LIVING TO APPROXIMATELY 126 YOUNG PEOPLE IN FY2022. THE PRIMARY GOAL ROP IS TO PREPARE AND MOVE YOUNG PEOPLE TOWARD INDEPENDENCE AND SELF-SUFFICIENCY. PEOPLE RESIDING IN ROP NOT ONLY BENEFIT FROM PROVISION OF BASIC NEEDS IN THE FORM OF HOUSING, FOOD, AND CLOTHING ALSO FROM VIGOROUS, EVIDENCE-BASED SUPPORTS DESIGNED TO ENCOURAGE (code:)(Expenses 6,395,045. including grants of 8 2,037,576.) (Revenue 8 131, HEALTH CLINIC - CHNY OPERATES A FEDERALLY QUALIFIED HEALTH CLINIC (FQHC) THROUGH WHI IT PROVIDES COMPREHENSIVE HEALTH SERVICES. IN FY2022, APPROXIMATELY 1,094 HOMELESS AND/OR RUNAWAY YOUNG PEOPLE RECEIVED CARE, AND 3909 MEDICAL VISITS WERE PROVIDED. THE HEALTH AND WELLNESS CENTER IS STAF WITH MEDICAL AND ADMINISTRATIVE STAFF THAT INCLUDES DOCTORS, NURSES, LAB TECHNICIANS, AND OTHER MEDICAL PROFESSIONALS WHO ENSURE THE DELIVERY OF HIGH-QUALITY HEALTH SERVICES IN A COMPASSIONATE ATMOSPHE THE HEALTH AND WELLNESS CENTER ALSO PROVIDES MENTAL HEALTH SERVICES ORDER TO ENSURE WE HELP TO MEET THE SIGNIFICANT NEEDS OF OUR YOUNG | RΥ |
| THE SAME WRAPAROUND SUPPORTS AS OUR CRISIS SHELTER. ROP ALSO PROVIDE PERMANENT HOUSING ASSISTANCE AND PLANNING FOR YOUTH WHILE THEY RESIT IN THE PROGRAM. ROP PROVIDED LONGER-TERM TRANSITIONAL INDEPENDENT LIVING TO APPROXIMATELY 126 YOUNG PEOPLE IN FY2022. THE PRIMARY GOAL ROP IS TO PREPARE AND MOVE YOUNG PEOPLE TOWARD INDEPENDENCE AND SELF-SUFFICIENCY. PEOPLE RESIDING IN ROP NOT ONLY BENEFIT FROM PROVISION OF BASIC NEEDS IN THE FORM OF HOUSING, FOOD, AND CLOTHING ALSO FROM VIGOROUS, EVIDENCE-BASED SUPPORTS DESIGNED TO ENCOURAGE (code:)(Expenses 6 6,395,045. including grants of 8 2,037,576.) (Revenue 8 131, HEALTH CLINIC - CHNY OPERATES A FEDERALLY QUALIFIED HEALTH CLINIC (FQHC) THROUGH WHI IT PROVIDES COMPREHENSIVE HEALTH SERVICES. IN FY2022, APPROXIMATELY 1,094 HOMELESS AND/OR RUNAWAY YOUNG PEOPLE RECEIVED CARE, AND 3909 MEDICAL VISITS WERE PROVIDED. THE HEALTH AND WELLNESS CENTER IS STAFF WITH MEDICAL AND ADMINISTRATIVE STAFF THAT INCLUDES DOCTORS, NURSES, LAB TECHNICIANS, AND OTHER MEDICAL PROFESSIONALS WHO ENSURE THE DELIVERY OF HIGH-QUALITY HEALTH SERVICES IN A COMPASSIONATE ATMOSPHE THE HEALTH AND WELLNESS CENTER ALSO PROVIDES MENTAL HEALTH SERVICES ORDER TO ENSURE WE HELP TO MEET THE SIGNIFICANT NEEDS OF OUR YOUNG | IS |
| IN THE PROGRAM. ROP PROVIDED LONGER-TERM TRANSITIONAL INDEPENDENT LIVING TO APPROXIMATELY 126 YOUNG PEOPLE IN FY2022. THE PRIMARY GOAI ROP IS TO PREPARE AND MOVE YOUNG PEOPLE TOWARD INDEPENDENCE AND SELF-SUFFICIENCY. PEOPLE RESIDING IN ROP NOT ONLY BENEFIT FROM PROVISION OF BASIC NEEDS IN THE FORM OF HOUSING, FOOD, AND CLOTHING ALSO FROM VIGOROUS, EVIDENCE-BASED SUPPORTS DESIGNED TO ENCOURAGE (code:)(Expenses | S |
| ROP IS TO PREPARE AND MOVE YOUNG PEOPLE TOWARD INDEPENDENCE AND SELF-SUFFICIENCY. PEOPLE RESIDING IN ROP NOT ONLY BENEFIT FROM PROVISION OF BASIC NEEDS IN THE FORM OF HOUSING, FOOD, AND CLOTHING ALSO FROM VIGOROUS, EVIDENCE-BASED SUPPORTS DESIGNED TO ENCOURAGE (Code:)(Expenses \$6,395,045. including grants of \$2,037,576.) (Revenue \$111, HEALTH CLINIC - CHNY OPERATES A FEDERALLY QUALIFIED HEALTH CLINIC (FQHC) THROUGH WHI IT PROVIDES COMPREHENSIVE HEALTH SERVICES. IN FY2022, APPROXIMATELY 1,094 HOMELESS AND/OR RUNAWAY YOUNG PEOPLE RECEIVED CARE, AND 3909 MEDICAL VISITS WERE PROVIDED. THE HEALTH AND WELLNESS CENTER IS STAF WITH MEDICAL AND ADMINISTRATIVE STAFF THAT INCLUDES DOCTORS, NURSES, LAB TECHNICIANS, AND OTHER MEDICAL PROFESSIONALS WHO ENSURE THE DELIVERY OF HIGH-QUALITY HEALTH SERVICES IN A COMPASSIONATE ATMOSPHE THE HEALTH AND WELLNESS CENTER ALSO PROVIDES MENTAL HEALTH SERVICES ORDER TO ENSURE WE HELP TO MEET THE SIGNIFICANT NEEDS OF OUR YOUNG | |
| PROVISION OF BASIC NEEDS IN THE FORM OF HOUSING, FOOD, AND CLOTHING ALSO FROM VIGOROUS, EVIDENCE-BASED SUPPORTS DESIGNED TO ENCOURAGE (Code:)(Expenses &6,395,045. including grants of \$2,037,576.) (Revenue \$131, HEALTH CLINIC - CHNY OPERATES A FEDERALLY QUALIFIED HEALTH CLINIC (FQHC) THROUGH WHI IT PROVIDES COMPREHENSIVE HEALTH SERVICES. IN FY2022, APPROXIMATELY 1,094 HOMELESS AND/OR RUNAWAY YOUNG PEOPLE RECEIVED CARE, AND 3909 MEDICAL VISITS WERE PROVIDED. THE HEALTH AND WELLNESS CENTER IS STAF WITH MEDICAL AND ADMINISTRATIVE STAFF THAT INCLUDES DOCTORS, NURSES, LAB TECHNICIANS, AND OTHER MEDICAL PROFESSIONALS WHO ENSURE THE DELIVERY OF HIGH-QUALITY HEALTH SERVICES IN A COMPASSIONATE ATMOSPHE THE HEALTH AND WELLNESS CENTER ALSO PROVIDES MENTAL HEALTH SERVICES ORDER TO ENSURE WE HELP TO MEET THE SIGNIFICANT NEEDS OF OUR YOUNG | . O |
| ALSO FROM VIGOROUS, EVIDENCE-BASED SUPPORTS DESIGNED TO ENCOURAGE (Code:)(Expenses 6,395,045. including grants of 2,037,576.) (Revenue §131, HEALTH CLINIC - CHNY OPERATES A FEDERALLY QUALIFIED HEALTH CLINIC (FQHC) THROUGH WHI IT PROVIDES COMPREHENSIVE HEALTH SERVICES. IN FY2022, APPROXIMATELY 1,094 HOMELESS AND/OR RUNAWAY YOUNG PEOPLE RECEIVED CARE, AND 3909 MEDICAL VISITS WERE PROVIDED. THE HEALTH AND WELLNESS CENTER IS STAF WITH MEDICAL AND ADMINISTRATIVE STAFF THAT INCLUDES DOCTORS, NURSES, LAB TECHNICIANS, AND OTHER MEDICAL PROFESSIONALS WHO ENSURE THE DELIVERY OF HIGH-QUALITY HEALTH SERVICES IN A COMPASSIONATE ATMOSPHE THE HEALTH AND WELLNESS CENTER ALSO PROVIDES MENTAL HEALTH SERVICES ORDER TO ENSURE WE HELP TO MEET THE SIGNIFICANT NEEDS OF OUR YOUNG | BIJ |
| HEALTH CLINIC - CHNY OPERATES A FEDERALLY QUALIFIED HEALTH CLINIC (FQHC) THROUGH WHI IT PROVIDES COMPREHENSIVE HEALTH SERVICES. IN FY2022, APPROXIMATELY 1,094 HOMELESS AND/OR RUNAWAY YOUNG PEOPLE RECEIVED CARE, AND 3909 MEDICAL VISITS WERE PROVIDED. THE HEALTH AND WELLNESS CENTER IS STAF WITH MEDICAL AND ADMINISTRATIVE STAFF THAT INCLUDES DOCTORS, NURSES, LAB TECHNICIANS, AND OTHER MEDICAL PROFESSIONALS WHO ENSURE THE DELIVERY OF HIGH-QUALITY HEALTH SERVICES IN A COMPASSIONATE ATMOSPHE THE HEALTH AND WELLNESS CENTER ALSO PROVIDES MENTAL HEALTH SERVICES ORDER TO ENSURE WE HELP TO MEET THE SIGNIFICANT NEEDS OF OUR YOUNG | |
| IT PROVIDES COMPREHENSIVE HEALTH SERVICES. IN FY2022, APPROXIMATELY 1,094 HOMELESS AND/OR RUNAWAY YOUNG PEOPLE RECEIVED CARE, AND 3909 MEDICAL VISITS WERE PROVIDED. THE HEALTH AND WELLNESS CENTER IS STAF WITH MEDICAL AND ADMINISTRATIVE STAFF THAT INCLUDES DOCTORS, NURSES, LAB TECHNICIANS, AND OTHER MEDICAL PROFESSIONALS WHO ENSURE THE DELIVERY OF HIGH-QUALITY HEALTH SERVICES IN A COMPASSIONATE ATMOSPHE THE HEALTH AND WELLNESS CENTER ALSO PROVIDES MENTAL HEALTH SERVICES ORDER TO ENSURE WE HELP TO MEET THE SIGNIFICANT NEEDS OF OUR YOUNG | |
| 1,094 HOMELESS AND/OR RUNAWAY YOUNG PEOPLE RECEIVED CARE, AND 3909 MEDICAL VISITS WERE PROVIDED. THE HEALTH AND WELLNESS CENTER IS STAF WITH MEDICAL AND ADMINISTRATIVE STAFF THAT INCLUDES DOCTORS, NURSES, LAB TECHNICIANS, AND OTHER MEDICAL PROFESSIONALS WHO ENSURE THE DELIVERY OF HIGH-QUALITY HEALTH SERVICES IN A COMPASSIONATE ATMOSPHE THE HEALTH AND WELLNESS CENTER ALSO PROVIDES MENTAL HEALTH SERVICES ORDER TO ENSURE WE HELP TO MEET THE SIGNIFICANT NEEDS OF OUR YOUNG | CH |
| WITH MEDICAL AND ADMINISTRATIVE STAFF THAT INCLUDES DOCTORS, NURSES, LAB TECHNICIANS, AND OTHER MEDICAL PROFESSIONALS WHO ENSURE THE DELIVERY OF HIGH-QUALITY HEALTH SERVICES IN A COMPASSIONATE ATMOSPHE THE HEALTH AND WELLNESS CENTER ALSO PROVIDES MENTAL HEALTH SERVICES ORDER TO ENSURE WE HELP TO MEET THE SIGNIFICANT NEEDS OF OUR YOUNG | |
| LAB TECHNICIANS, AND OTHER MEDICAL PROFESSIONALS WHO ENSURE THE DELIVERY OF HIGH-QUALITY HEALTH SERVICES IN A COMPASSIONATE ATMOSPHE THE HEALTH AND WELLNESS CENTER ALSO PROVIDES MENTAL HEALTH SERVICES ORDER TO ENSURE WE HELP TO MEET THE SIGNIFICANT NEEDS OF OUR YOUNG | |
| DELIVERY OF HIGH-QUALITY HEALTH SERVICES IN A COMPASSIONATE ATMOSPHE THE HEALTH AND WELLNESS CENTER ALSO PROVIDES MENTAL HEALTH SERVICES ORDER TO ENSURE WE HELP TO MEET THE SIGNIFICANT NEEDS OF OUR YOUNG | |
| THE HEALTH AND WELLNESS CENTER ALSO PROVIDES MENTAL HEALTH SERVICES ORDER TO ENSURE WE HELP TO MEET THE SIGNIFICANT NEEDS OF OUR YOUNG | RE |
| ORDER TO ENSURE WE HELP TO MEET THE SIGNIFICANT NEEDS OF OUR YOUNG | |
| | |
| | |
| LAST QUARTER OF FY2021, CHNY CONTINUED TO UTILIZE ITS SAFETY PROTOCO |)L |
| Other program services (Describe on Schedule O.) (Expenses \$ 4,229,416. including grants of \$ 1,771,513.) (Revenue \$ 0.) | |
| Total program service expenses ► 30,409,581. | . |
| Form SEE SCHEDULE O FOR CONTINUATION(S) | 990 |
| 2 511 756359 1176300.509 2021.05080 UNDER 21 | 11 |

| Form | 990 (2021) UNDER 21 13-3076 | 376 | P | age 3 |
|--------|--|------------|----------|--------------|
| Par | t IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | 37 | |
| • | If "Yes," complete Schedule A | 1 2 | X X | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | 2 | ~ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | 3 | | x |
| 4 | public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| • | during the tax year? If "Yes," complete Schedule C, Part II | 4 | х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| _ | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | 9 | | x |
| 10 | If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 9 | | |
| 10 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, | 10 | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | X | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| 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 | | | v |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d 11e | Х | X |
| f | Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | Tie | Δ | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | <u> </u> | | |
| | Schedule D, Parts XI and XII | 12a | х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | v | |
| 45 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | X | |
| 15 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | - 13 | | |
| 10 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | <u> </u> | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | <u>20a</u> | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | v | |
| 10000 | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | X 990 | (2021) |
| 132003 | 12-09-21 | Follu | 550 | (CUCI) |

17030511 756359 1176300.509

| ια | Oneckinst of nequired Schedules (continued) | | r – – – – | |
|-----|---|------------|-----------|----------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | v | |
| 00 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete</i> | | | |
| | | 23 | х | |
| 24a | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 25 | | |
| 270 | 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 | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | | |
| | 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 | | X |
| 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 | | | 1 |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | 1 |
| | 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 | | X |
| 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 | | X |
| 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> | 200 | | x |
| Ь | "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28a 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 200 | | - 23 |
| U | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 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 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | 1 |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | <u> </u> | 1 |
| | Part V, line 1 | 34 | Х | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 0 | | 1 |
| 20 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 26 | | x |
| 27 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | <u>^</u> |
| 37 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | - 07 | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | x | |
| Pa | rt 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 | | | |
| | | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 127 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |

132004 12-09-21

4 2021.05080 UNDER 21

Form 990 (2021)

Form 990 (2021) UNDER 21

| 0111 330 (| 2021 |
|------------|------|
| Part IV | Ch |

| | 990 (2021) UNDER 21 13-3076 | 376 | Р | age 5 | | | | | | | |
|----------|--|------------|-----|--------------|--|--|--|--|--|--|--|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No | | | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | res | NO | | | | | | | |
| 24 | filed for the calendar year ending with or within the year covered by this return 2a 400 | | | | | | | | | | |
| b | 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 <i>e-file</i> . See instructions. | | | | | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | | | | | |
| | b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | | | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <u>4a</u> | X | <u> </u> | | | | | | | |
| b | If "Yes," enter the name of the foreign country LIECHTENSTEIN | | | | | | | | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | _ | | v | | | | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X X | | | | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b 5c | | | | | | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 50 | | | | | | | | | |
| 0a | any contributions that were not tax deductible as charitable contributions? | 6a | | x | | | | | | | |
| h | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 00 | | <u> </u> | | | | | | | |
| | 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? | 7a | | X | | | | | | | |
| b | 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 | | X | | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year7d | | | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | <u> </u> | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 0. | | | | | | | | | |
| a L | Did the sponsoring organization make any taxable distributions under section 4966? | 9a 0h | | <u> </u> | | | | | | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: | 9b | | <u> </u> | | | | | | | |
| 10 a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | | | |
| | Gross income from members or shareholders | | | | | | | | | | |
| | 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. | | | <u> </u> | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | <u>13a</u> | | | | | | | | | |
| _ | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | | | |
| _ | organization is licensed to issue qualified health plans 13b | - | | | | | | | | | |
| | Enter the amount of reserves on hand | 140 | | x | | | | | | | |
| 14a h | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i> | 14a 14b | | | | | | | | | |
| ы 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | <u> </u> | | | | | | | |
| .0 | excess parachute payment(s) during the year? | 15 | | x | | | | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | x | | | | | | | |
| - | If "Yes," complete Form 4720, Schedule O. | | | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | | | | | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | | | |
| 132005 | 12-09-21 5 | Form | 990 | (2021) | | | | | | | |

| _ | 990 (2021) UNDER 21 | 13-307 | | F | Page |
|---|---|----------------------------|----------|------------|-------|
| Pa | rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th | nrough 7b below, and for | a "No" i | respor | nse |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | See instructions. | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | Χ |
| Sec | tion A. Governing Body and Management | | | | |
| 4 | Enter the number of vetice members of the severing body at the and of the tay year | | 0 | Yes | No |
| Ia | | | 띡 | | |
| | | | | | |
| | | | | | |
| b | | I | 빅 | | |
| 2 | | with any other | | | |
| | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | e direct supervision | | | |
| | | | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 90 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | | 6 | Х | |
| 7a | | | | | |
| | more members of the governing body? | | 7a | Х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockholders, or | | | |
| | and the state of the second in the second in the state of the second s | | 7b | х | |
| 8 | | | | | |
| | | - | 8a | х | |
| | | | 8b | Х | |
| | | | | | |
| - | | | 9 | | x |
| ec | | | | | 1 |
| | | | | Yes | No |
| 0a | Did the organization have local chapters branches or affiliates? | | 10a | | X |
| | | | 100 | | |
| ~ | | • • • | 10b | | |
| 19 | | | 11a | x | |
| | | | 114 | | |
| | | | 12a | х | |
| | | | 12a | X | |
| | | | 120 | - 23 | |
| C | | | 10- | х | |
| ~ | | | 12c | 37 | |
| | | | 13 | X | |
| | | | 14 | ~ | |
| 5 | | l by independent | | | |
| | | | | 37 | |
| | | | 15a | X | |
| b | Other officers or key employees of the organization | | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | |
| l6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent with a | | | |
| | taxable entity during the year? | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | e its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | ization's | | | |
| | exempt status with respect to such arrangements? | | 16b | | |
| 1a Enter the number of voting members of the governing body at the end of the tax year 1a 20 1f there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 1a 20 <t< td=""><td></td><td></td><td></td></t<> | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$ | | | | |
| 18 | | nd 990-T (section 501(c)(3 | s only) | availa | ble |
| | | | , , | | |
| | | on Schedule () | | | |
| 19 | | | nd finan | cial | |
| | | and the second policy, a | | | |
| 20 | | ks and records | | | |
| | | | | | |
| | | | | | |
| 22000 | | | Form | 990 | (2021 |
| ,∠UU | _ | | 1 UIII | | 12021 |
| 0 5 | | | | 11 | .763 |
| | \mathcal{L} | | | | |

002

| Form 990 | (2021) UNDER 21 | 13-3076376 | Page 7 |
|-----------|---|------------------------------|-------------|
| Part VI | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe | ensated | |
| | Employees, and Independent Contractors | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | | X |
| Section A | . Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | |
| 1a Comp | ete this table for all persons required to be listed. Report compensation for the calendar year ending with o | or within the organization's | s tax year. |

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
|---|----------------------|--------------------------------|------------------------|---------|--------------|---------------------------------|--------|------------------------------|-----------------|-----------------------------|
| Name and title | Average | (do | not c | Pos | | | ne | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | rson i | s both | ı an | compensation | compensation | amount of |
| | week | | cer an | aau | recio | r/trus | lee) | from | from related | other |
| | (list any | recto | | | | | | the | organizations | compensation |
| | hours for related | e or di | ee | | | sated | | organization | (W-2/1099-MISC/ | from the |
| | organizations | rustee | trust | | ee | npens | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization and related |
| | below | dual ti | ıtiona | | nploy | st cor yee | - | 1000 NEO | | organizations |
| | line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | e gameatorio |
| (1) DR. DAVID J. DAVIS | 35.00 | | | | | | | | | |
| MEDICAL DIRECTOR | 0.00 | | | | | Х | | 226,995. | 0. | 34,300. |
| (2) LESLIE ABBEY | 35.00 | | | | | | | | | |
| COO & DEPUTY ED | 0.00 | | | | Х | | | 165,582. | 0. | 43,380. |
| (3) THEODORA CARTER | 35.00 | | | | | | | | | |
| CHIEF HUMAN RESOURCES OFFICER | 0.00 | | | | | Х | | 162,502. | 0. | 21,461. |
| (4) LEIGH J. FUGGER-SMITH, CFO | 35.00 | | | | | | | | | |
| & ADMIN. OFFICER THRU OCT 2021 | 0.00 | | | Х | | | | 161,380. | 0. | 12,013. |
| (5) MARIA L. MOROTA | 35.00 | | | | | | | 100 575 | | |
| VP, OPERATIONAL CONTROLLERSHIP | 0.00 | | | | | X | | 133,676. | 0. | 29,696. |
| (6) CATHY BATISTA | 35.00 | | | | | | | 122 010 | 0 | 10.000 |
| SVP, RESIDENTIAL & SUPPORT SVCS. | 0.00 | | | | | X | | 133,210. | 0. | 16,986. |
| (7) LENNOX EDWARDS | 35.00 | | | | | | | 100 050 | 0 | |
| CHIEF ENGINEER THRU NOV 2021 (8) SISTER NANCY DOWNING | 0.00 | | | | | X | | 128,956. | 0. | 0. |
| EXECUTIVE DIRECTOR | 0.00 | | | x | | | | 0. | 0. | 12 621 |
| (9) KEVIN RYAN | 1.00 | | | Δ | | | | 0. | 0. | 12,621. |
| PRESIDENT & CEO | 34.00 | | | х | | | | 0. | 0. | 2,684. |
| (10) LOUIS RAUCHENBERGER | 1.00 | | | Δ | | | | 0. | 0. | 2,004. |
| CHAIRMAN | 0.00 | х | | х | | | | 0. | 0. | 0. |
| (11) JAMES KARWEL | 1.00 | | | | | | | | | |
| VICE CHAIRMAN | 0.00 | х | | х | | | | 0. | 0. | 0. |
| (12) DOUGLAS BLAGDON | 1.00 | | | | | | | | | |
| TREASURER | 0.00 | х | | х | | | | 0. | 0. | 0. |
| (13) PETER GREATREX | 1.00 | | | | | | | | | |
| SECRETARY | 0.00 | Х | | Х | | | | 0. | Ο. | 0. |
| (14) LIBBY CANTRILL | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (15) DAVID CORNISH | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (16) WILLIAM DACUNTO | 0.50 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (17) VIRGINIA EILLIOTT | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| 132007 12-09-21 | | | | | | | | | | Form 990 (2021) |

132007 12-09-21

7

| Form 990 (2021) UNDER 21 | | | | | | | | | 13-30 | 76376 F | -age 8 |
|--|----------------------|--------------------------------|-----------------------|-------------|--------------|---------------------------------|--------|---------------------------------------|----------------|--------------------|---------------|
| Part VII Section A. Officers, Directors, Trust | tees, Key Emp | oloy | ees, | and | d Hig | ghes | st C | ompensated Employee | s (continued) | | |
| (A) | (B) | | | (0 | | | | (D) | (E) | (F) | |
| Name and title | Average | (do | not cl | Pos | | | one | Reportable | Reportable | Estima | ted |
| | hours per | box | , unles | ss per | rson i | is botł | n an | compensation | compensation | amoun | t of |
| | week | | cer an | d a d | irecto | or/trus | tee) | from | from related | othe | r |
| | (list any | rector | | | | | | the | organizations | compens | |
| | hours for related | or di | ee | | | ated | | organization | (W-2/1099-MISC | | |
| | organizations | ustee | trust | | Ð | bens | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organiza | |
| | below | ual tr | tional | | ploye | t con | | , | | and rela | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organiza | .10113 |
| (18) JENNIFER ENSLIN | 1.00 | - | | 0 | ¥ | Ξē | Ē | | | | |
| DIRECTOR | 0.00 | х | | | | | | 0. | | 0. | 0. |
| (19) BENJAMIN GRIZZLE | 1.00 | | | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | 0. | | 0. | 0. |
| (20) MAUREEN A. HENEGAN | 1.00 | | | | | | | V • | , | <u> </u> | |
| DIRECTOR | 0.00 | х | | | | | | 0. | | 0. | 0. |
| (21) PAM LEWIS | | Λ | | | | - | | 0. | | <u>.</u> | 0. |
| | 0.50 | v | | | | | | 0 | | <u>_</u> | 0 |
| DIRECTOR | 0.00 | Х | | | | - | | 0. | | 0. | 0. |
| (22) MARY MAYLAND | 1.00 | | | | | | | | | | • |
| DIRECTOR | 0.00 | Х | | | | | | 0. | | 0. | 0. |
| (23) SANDY LOGAN-MULLMAN | 1.00 | | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | | 0. | 0. |
| (24) ANNA OSBORN | 1.00 | | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | | 0. | 0. |
| (25) JOSEPH E. ROYCE | 0.50 | | | | | | | | | | |
| DIRECTOR THRU 10/2021 | 0.00 | Х | | | | | | 0. | | 0. | 0. |
| (26) MATTHEW SCHMEELK | 1.00 | | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | | 0. | Ο. |
| 1b Subtotal | | | | | | | | 1,112,301. | | 0. 173,1 | 41. |
| c Total from continuation sheets to Part VI | | | | | | | | 0. | | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,112,301. | | 0. 173,1 | 41. |
| 2 Total number of individuals (including but no | | | | | | | io re | , , | | · | |
| compensation from the organization | | | | | | , | | | | | 17 |
| | | | | | | | | | | Yes | - |
| 3 Did the organization list any former officer, | director truste | ee k | ev e | mol | ove | e or | hic | hest compensated empl | ovee on | | |
| line 1a? If "Yes," complete Schedule J for su | - | | | • | | | | | • | 3 | X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | <u> </u> |
| and related organizations greater than \$150 | | | | | | | | | | 4 X | - |
| 5 Did any person listed on line 1a receive or a | , | | • | | | | | | | 4 11 | |
| | • | | | | - | | | | | | x |
| rendered to the organization? <i>If "Yes." com</i> Section B. Independent Contractors | plete Schedule | e J fe | or su | ich ț | oers | ion - | | | | 5 | |
| | | | | | | | | · · · · · · · · · · · · · · · · · · · | 100.000 - (| | |
| 1 Complete this table for your five highest con | - | | | | | | | | | Insation from | |
| the organization. Report compensation for t | ne calendar ye | ear e | enain | ig w | nth c | or wi | tnir | | ear. | | |
| (A) Name and business | addross | | | | | | | (B) Description of s | onvicos | (C) Compensatio | o n |
| | | | 0 | T 01 | | | | | | Compensati | |
| PARTNERS INTERNATIONAL, 1 | | | | | U.I. | | | IT CONSULTING | ÷ | 0.00 1 | c n |
| AVENUE NW, OFFICE 519, WA | | Ν, | D | C | | | _ | SERVICES | | 278,1 | .63. |
| CONGREGATION OF NOTRE DAM | | | | | | | | EXECUTIVE DI | RECTOR | | |
| 329 WEST 25 STREET, NEW Y | | | | | | | | SERVICES | | 200,6 | 26. |
| DRWANTED.COM, LLC, 4170 A | | | NW | 00 | DY | | | | | | |
| ROAD, SUITE 485, ATLANTA, | GA 303 | 19 | | | | | | STAFFING SERV | VICES | 169,1 | .61. |
| RSM US LLP | | | | | | | | | | | |
| 5155 PAYSPHERE CIRCLE, CH | ICAGO, | IL | 6 | 06 | 74 | | | ACCOUNTING SI | ERVICES | 139,9 | 98. |
| | | | | | | | | | T | | |
| | | | | | | | | | | | |
| 2 Total number of independent contractors (ir | ncluding but no | ot lin | nitec | to | thos | se lis | ted | above) who received mo | ore than | | |
| \$100,000 of compensation from the organiz | ation 🕨 | | | | | 1 | | | | | |
| SEE PART VII, SECTION | A CONT | IN | UA | TI | ON | S | HE | ETS | | Form 990 | (2021) |

132008 12-09-21

| Form 990 UNDER 21 | | | | | | | | | 13-307 | 6376 |
|--|---------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|--------|-----------------|----------------------------|-----------------------|
| Part VII Section A. Officers, Directors, Tru | | nplo | yee | | | ligh | est (| | | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | <i>,</i> | | | ition | | | Reportable | Reportable | Estimated |
| | hours | (Cl | necł r | (all ' | that | app | ly) | compensation | compensation | amount of |
| | per week | | | | | | | from the | from related organizations | other compensation |
| | (list any | tor | | | | ploye | | organization | (W-2/1099-MISC) | from the |
| | hours for | direc | | | | ed em | | (W-2/1099-MISC) | (11 2) 1000 (1100) | organization |
| | related | tee or | ustee | | | ensate | | | | and related |
| | organizations | l trus | nal tr | | loyee | dwo | | | | organizations |
| | below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest com pen sated em ployee | Former | | | |
| | line) | Ind | Inst | Offi | Key | Hig | For | | | |
| (27) ALAN THOMAS | 1.00 | | | | | | | | 0 | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (28) RICK VAN BENSCHOTEN | 1.00 | v | | | | | | 0 | 0 | 0 |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (29) ETHAN WIENER DIRECTOR | 1.00 | v | | | | | | | <u>^</u> | |
| (30) HALIM WISE | 1.00 | Х | | <u> </u> | | - | | 0. | 0. | 0. |
| (30) HALIM WISE DIRECTOR | 0.00 | x | | | | | | 0. | 0. | 0. |
| | | | | - | - | - | | U• | U • | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | \vdash | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | | | - | \vdash | - | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

132201 04-01-21

| u | t VII | Statement of Re | veni | ue | | | | | | |
|---|------------|--|---------------------------------------|------------------|-----------------|---------------------|---|--|----|--|
| | | Check if Schedule O | conta | ins a respo | nse (| or note to any line | e in this Part VIII (A) Total revenue | (B) Related or exempt function revenue | | (D) Revenue exclud from tax undo sections 512 - 1 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | | 1a | | | | | | |
| iun | | Membership dues | | | | | | | | |
| m | с | Fundraising events | | | | | | | | |
| ar A | | Related organizations | | | | 10,126,290. | | | | |
| milŝ | | Government grants (contr | | | | 21,147,490. | | | | |
| ŝ | | All other contributions, gifts, | | | | | | | | |
| the | | similar amounts not included | labov | e 1f | | 3,673,038. | | | | |
| Ò | g | Noncash contributions included in | lines 1a | a-1f 1g S | 6 | 165,881. | | | | |
| ano | h | Total. Add lines 1a-1f | | | | ► | 34,946,818. | | | |
| | | | | | | Business Code | | | | |
| | 2 a | PERMANENT SUPPORTIV | E HO | USING REI | T | 532000 | 204,529. | 204,529. | | |
| đ | b | MANAGED CARE AND OT | HER I | INCOME | | 621990 | 131,002. | 131,002. | | |
| nu | с | | | | | | | | | |
| Revenue | d | | | | | | | | | |
| ш | е | | | | | | | | | |
| | f | All other program service | rever | nue | | | | | | |
| | g | Total. Add lines 2a-2f | | | | ► | 335,531. | | | |
| | 3 | Investment income (inclue | | | | | | | | |
| | | other similar amounts) \dots | | | | ► | 8,866. | | | 8,8 |
| | 4 | Income from investment of | of tax- | exempt bo | nd p | roceeds 🕨 🕨 | | | | |
| | 5 | Royalties | · · · · · · · · · · · · · · · · · · · | | | ▶ | | | | |
| | | | | (i) Rea | | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | | | | | | | |
| | b | Less: rental expenses \dots | 6b | | | | | | | |
| | с | Rental income or (loss) | 6c | | | | | | | |
| | d | Net rental income or (loss | i) | | | 🕨 | | | | |
| | 7 a | Gross amount from sales of | | (i) Securit | ies | (ii) Other | | | | |
| | | assets other than inventory | 7a | | | | | | | |
| | b | Less: cost or other basis | | | | | | | | |
| | | and sales expenses | 7b | | | | | | | |
| | | Gain or (loss) | | | | | | | | |
| | | Net gain or (loss) | | | ·· <u>·····</u> | 🕨 | | | | |
| | 8 a | Gross income from fundraisi | | | | | | | | |
| , | | including \$ | | | | | | | | |
| | | contributions reported on | | | | | | | | |
| | h | Part IV, line 18 | | | 8a 8b | | | | | |
| | | Less: direct expenses Net income or (loss) from | | | | | | | | |
| | | Gross income from gamir | | | | | | | | |
| | <i>3</i> a | Part IV, line 19 | | | 9a | | | | | |
| | h | Less: direct expenses | | | 9b | | | | | |
| | | Net income or (loss) from | | | | ► | | | | |
| | | Gross sales of inventory, | • | J. | | ····· F | | | | |
| | u | and allowances | | | 10a | | | | | |
| | b | Less: cost of goods sold | | | | | | | | |
| | | Net income or (loss) from | | | | | | | | |
| ╈ | • | | - 2.00 | | <u> </u> | Business Code | | | | |
| | 11 a | OTHER INCOME | | | | 900099 | 474. | | | 4 |
| nue | b | | | | | | | | | |
| Revenue | c | | | | | | | | | |
| Å | | All other revenue | | | | | | | | |
| | | Total. Add lines 11a-11d | | | | > | 474. | | | |
| - 1 | 12 | | | | | | 35,291,689. | 335,531. | 0. | 9,3 |

132009 12-09-21

Form 990 (2021)

| Secu | ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor | | | npiele column (A). | |
|-------------|--|--|-----------------------------|---------------------------------|-------------------------|
| | • | (A) | (B) | (C) | (D) |
| Do I 7b, | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 2,000,000. | 2,000,000. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 2,699,494. | 2,699,494. | | |
| 3 | 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 | | | | |
| 5 | Compensation of current officers, directors, | | | | 25 222 |
| | trustees, and key employees | 255,232. | 175,173. | 44,756. | 35,303. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | 14 550 000 | | |
| 7 | Other salaries and wages | 15,009,170. | 14,559,338. | 715,308. | 334,524. |
| 8 | Pension plan accruals and contributions (include | | 020.200 | 40 001 | 10 050 |
| | section 401(k) and 403(b) employer contributions) | 899,370. | 838,389. | 42,731. | 18,250. |
| 9 | Other employee benefits | 2,682,166. | 2,487,866. | 133,485. | 60,815. |
| 10 | Payroll taxes | 1,372,511. | 1,273,654. | 67,185. | 31,672. |
| 11 | Fees for services (nonemployees): | | | | |
| | Management | (0, 0, 2, 0, | 01 105 | 40 625 | |
| | Legal | 69,830. | 21,195. | 48,635. | |
| | Accounting | 197,764. | 82,012. | 115,752. | |
| | Lobbying | 36,050. | 36,050. | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | • | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 823,766. | 537,040. | 275,262. | 11,464. |
| | column (A), amount, list line 11g expenses on Sch O.) | 023,100. | 557,040. | 275,202. | 11,404. |
| 12 | Advertising and promotion | 1,046,649. | 928,545. | 109,746. | 8,358. |
| 13 | Office expenses | 522,087. | 478,573. | 39,455. | 4,059. |
| 14 | Information technology | 522,007. | ±10,515. | 55,455. | ±,055• |
| 15 16 | Royalties | 3,920,872. | 3,585,718. | 318,455. | 16,699. |
| 16 17 | | 42,134. | 40,664. | 1,470. | 10,055. |
| 18 | Travel Payments of travel or entertainment expenses | 40,1540 | 40,0040 | 1,1,0. | |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 21,563. | 16,756. | 4,434. | 373. |
| 20 | Interest | , | _0,.001 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 208,245. | 176,385. | 29,722. | 2,138. |
| 23 | Insurance | 180,612. | 140,569. | 36,900. | 3,143. |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| - | above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | EQUIPMENT | 235,843. | 196,014. | 36,113. | 3,716. |
| b | STAFF RECRUITMENT | 156,976. | 51,040. | 105,936. | |
| с | STAFF DEVELOPMENT | 93,914. | 72,976. | 19,312. | 1,626. |
| d | OTHER DIRECT OPERATING | 79,126. | 12,130. | 66,612. | 384. |
| е | All other expenses | 10,642. | | 10,642. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 33,164,016. | 30,409,581. | 2,221,911. | 532,524. |
| 26 | Joint costs. Complete this line only if the organization | | | T | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | Farma 990 (0001) |
| | | | | | |

132010 12-09-21

17030511 756359 1176300.509

Form 990 (2021)

Form 990 (2021)

UNDER 21

Part IX Statement of Functional Expenses

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

| _ | | |
|---|--|--|
| | | |

Form 990 (2021)
Part X Balance Sheet UNDER 21

| | | Check if Schedule O contains a response or note | e to any | line in this Part X | | | |
|-----------------------------|----------|--|-------------|---------------------------------------|---------------------------------|------------|------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | | | | | | | |
| | 1 | | | | 3,321,802. | 1 | 5,045,774. |
| | 2 | Savings and temporary cash investments | 186,340. | 2 | 1,934. | | |
| | 3 | Pledges and grants receivable, net | | | 3,607,253. | 3 | 5,858,131. |
| | 4 | Accounts receivable, net | | | 143,235. | 4 | 180,640. |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | | | | | |
| | | controlled entity or family member of any of thes | | | | 5 | |
| | 6 | Loans and other receivables from other disqualif | | | | | |
| | | under section 4958(f)(1)), and persons described | | | | 6 | |
| ets | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 140 074 | 8 | 202 600 |
| < | 9 | | | ····· | 142,074. | 9 | 303,688. |
| | 10a | Land, buildings, and equipment: cost or other | | 2 244 620 | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 3,244,628. 2,684,146. | 070 070 | | |
| | | Less: accumulated depreciation | | | 870,970. | | 560,482. |
| | 11 | Investments - publicly traded securities | | | 124,580. | 11 | 107,837. |
| | 12 | Investments - other securities. See Part IV, line 1 | | | 2,148,347. | 12 | 1,776,619. |
| | 13 | Investments - program-related. See Part IV, line 1 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | 404 (10 |
| | 15 | Other assets. See Part IV, line 11 | 384,506. | 15 | 484,619. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | 10,929,107. | 16 | 14,319,724. | | |
| | 17 | Accounts payable and accrued expenses | | 2,625,823. | 17 | 2,576,804. | |
| | 18 | Grants payable | | 0. | 18 | 2,000,000. | |
| | 19 | Deferred revenue | 0. | 19 | 3,608. | | |
| | 20 | | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| es | 22 | Loans and other payables to any current or form | | | | | |
| iliti | | trustee, key employee, creator or founder, subst | | | | | |
| Liabilities | | controlled entity or family member of any of thes | | F | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrela | | · · · · · · · · · · · · · · · · · · · | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | | | |
| | | parties, and other liabilities not included on lines | , | · . | 117,722. | 05 | 23,873. |
| | 06 | of Schedule D | | | 2,743,545. | | 4,604,285. |
| | 26 | Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chee | ck horo | | 4,/33,343. | 26 | =,004,20J. |
| ş | | and complete lines 27, 28, 32, and 33. | CV HELG | | | | |
| nce | 07 | | 3,551,026. | 27 | 5,221,849. | | |
| ala | 27 28 | | 4,634,536. | 27 | 4,493,590. | | |
| Б | 20 | Net assets with donor restrictions Organizations that do not follow FASB ASC 99 | 1,031,330. | 20 | 1,155,550. | | |
| 'n | | - | | | | | |
| or T | 20 | and complete lines 29 through 33. | | | | 20 | |
| ets | 29 | Capital stock or trust principal, or current funds | | fund | | 29 30 | |
| SS | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 31 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated inc | | F | 8,185,562. | 31 32 | 9,715,439. |
| ž | 32 33 | Total net assets or fund balances | | | 10,929,107. | 32 33 | 14,319,724. |
| | 33 | TOTAL HADINITIES AND THE ASSETS/TUNU DATAICES | | | 10,525,107. | აა | Eorm 990 (2021) |

Form 990 (2021)

132011 12-09-21

17030511 756359 1176300.509

| | <u>1990 (2021)</u> UNDER 21 | 13-3 | 076376 | Pag | _{ge} 12 |
|----|---|-----------|---------|------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 35,291 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 33,164 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,127 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 8,185 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -22 | 2,94 | <u>47.</u> |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -574 | .,84 | <u>49.</u> |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| _ | column (B)) | 10 | 9,715 | 5,43 | <u>39.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | 0. | | | |
| 2a | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis X Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | | | |

Form **990** (2021)

132012 12-09-21

Department of the Treasury

(Form 990)

Total

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.

| OMB No. 1545-0047 |
|------------------------------|
| 2021 |
| Open to Public Inspection |

| Intern | Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection | | | | | | | | | | | | |
|--------|--|--|---------------------------|----------------------------|--|------------------|------------------|--------------------------------|-----------------|---|--|--|--|
| Nam | ne of | the organizat | ion | | | | | | | identification numbe | | | |
| _ | | | | R 21 | | | | | | 3-3076376 | | | |
| Ра | rt I | Reason | for Public (| Charity Status. | arity Status. (All organizations must complete this part.) See instructions. | | | | | | | | |
| The | orgar | nization is not | a private found | lation because it is: | (For lines 1 through 12, cl | neck only | one box.) | | | | | | |
| 1 | Щ | - | | | on of churches described | | on 170(b)(1 | l)(A)(i). | | | | | |
| 2 | | A school des | scribed in sect | ion 170(b)(1)(A)(ii). | (Attach Schedule E (Form | n 990).) | | | | | | | |
| 3 | | A hospital or | a cooperative | hospital service org | anization described in se | ection 170 |)(b)(1)(A)(ii | i). | | | | | |
| 4 | | A medical re | search organiz | ation operated in co | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, | | | |
| | | city, and sta | te: | | | | | | | | | | |
| 5 | | An organizat | ion operated fo | or the benefit of a co | llege or university owned | or operat | ed by a go | vernmental u | nit describe | ed in | | | |
| | | section 170 | (b)(1)(A)(iv). (0 | Complete Part II.) | | | | | | | | | |
| 6 | | A federal, sta | ate, or local go | vernment or governr | mental unit described in | section 17 | 70(b)(1)(A) | (v). | | | | | |
| 7 | X | An organizat | ion that norma | Illy receives a substa | antial part of its support fr | om a gove | ernmental | unit or from t | he general p | oublic described in | | | |
| | | section 170 | (b)(1)(A)(vi). (C | omplete Part II.) | | | | | | | | | |
| 8 | | A community | y trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Parl | : II.) | | | | | | | |
| 9 | | An agricultu | ral research org | ganization described | l in section 170(b)(1)(A)(i | x) operate | ed in conju | nction with a | land-grant | college | | | |
| | | or university | or a non-land-o | grant college of agric | culture (see instructions). | Enter the i | name, city | , and state of | the college | or | | | |
| | | university: | | | | | | | | | | | |
| 10 | | An organizat | ion that norma | Illy receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membersh | nip fees, and | d gross receipts from | | | |
| | | activities rela | ated to its exen | npt functions, subje | ct to certain exceptions; a | and (2) no | more than | 33 1/3% of it | s support fi | rom gross investment | | | |
| | | income and | unrelated busir | ness taxable income | e (less section 511 tax) fro | m busines | sses acqui | red by the org | ganization a | after June 30, 1975. | | | |
| | | See section | 509(a)(2). (Co | mplete Part III.) | | | | | | | | | |
| 11 | | An organizat | ion organized a | and operated exclus | ively to test for public sat | ety. See | section 50 |)9(a)(4). | | | | | |
| 12 | | An organizat | ion organized a | and operated exclus | ively for the benefit of, to | perform t | he functio | ns of, or to ca | arry out the | purposes of one or | | | |
| | | more publicl | y supported or | ganizations describe | ed in section 509(a)(1) o | r section | 509(a)(2). | See section | 509(a)(3). (| Check the box on | | | |
| | | lines 12a thr | ough 12d that | describes the type o | of supporting organization | and com | plete lines | 12e, 12f, and | d 12g. | | | | |
| а | | Type I. A s | supporting orga | anization operated, s | supervised, or controlled | by its supp | ported org | anization(s), t | ypically by | giving | | | |
| | | the suppo | rted organizatio | on(s) the power to re | gularly appoint or elect a | majority c | of the direc | tors or truste | es of the su | upporting | | | |
| | | organizatio | on. You must d | complete Part IV, S | ections A and B. | | | | | | | | |
| b | | Type II. A | supporting org | anization supervised | d or controlled in connect | ion with it | s supporte | d organizatio | n(s), by hav | ving | | | |
| | | control or | management o | of the supporting org | anization vested in the sa | ame perso | ns that co | ntrol or mana | ge the supp | ported | | | |
| | | organizatio | on(s). You mus | t complete Part IV, | Sections A and C. | | | | | | | | |
| С | | Type III fu | nctionally inte | grated. A supportir | ng organization operated | in connect | tion with, a | and functiona | lly integrate | ed with, | | | |
| | | its support | ed organizatio | n(s) (see instructions | s). You must complete F | Part IV, Se | ections A, | D, and E. | | | | | |
| d | | _ Type III no | on-functionally | , integrated. A sup | porting organization oper | ated in co | nnection w | ith its suppo | rted organiz | zation(s) | | | |
| | | that is not | functionally int | egrated. The organi | zation generally must sati | sfy a distr | ibution rec | uirement and | d an attentiv | /eness | | | |
| | | requireme | nt (see instruct | ions). You must co | mplete Part IV, Sections | A and D, | and Part | V. | | | | | |
| е | | _ Check this | box if the orga | anization received a | written determination from | m the IRS | that it is a | Туре I, Туре | II, Type III | | | | |
| | | functionall | y integrated, o | r Type III non-functio | nally integrated supportir | ng organiz | ation. | | | | | | |
| f | | | of supported of | • | | | | | | | | | |
| g | | | | n about the support | | (iv) Is the oro: | anization listed | (1) (| f an a a atom (| () A maximum of other | | | |
| | | (i) Name of supp organizatio | | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your governi | ing document? | (v) Amount o support (see i | | (vi) Amount of other support (see instructions | | | |
| | | organizatio | | | above (see instructions)) | Yes | No | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| Schedule A | Form 990 | 202 |
|------------|----------|------|
| Schedule A | | 1202 |

UNDER 21

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | | | |
|------|---|------------------------|---------------------|----------------------|-----------------------|--------------------|-----------------|--|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | |
| | include any "unusual grants.") | 22763844. | 23609485. | 28668013. | 31823966. | 34946818. | 141812126 | | |
| 2 | Tax revenues levied for the organ- | | | | | | | | |
| | ization'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 | Total. Add lines 1 through 3 | 22763844. | 23609485. | 28668013. | 31823966. | 34946818. | 141812126 | | |
| | 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 | Public support. Subtract line 5 from line 4. | | | | | | 141812126 | | |
| | ction B. Total Support | | | | | | | | |
| | | (a) 2017 | (b) 0019 | (a) 2010 | (4) 0000 | (a) 2021 | | | |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 31823966. | (e) 2021 | (f) Total | | |
| | Amounts from line 4 | 22703044. | 23009403. | 20000013. | 51025900. | 54940010. | | | |
| 8 | Gross income from interest, | | | | | | | | |
| | dividends, payments received on | | | | | | | | |
| | securities loans, rents, royalties, | 2 070 | 2 6 6 7 | 2 0 6 0 | 2 071 | 0 066 | 20 624 | | |
| | and income from similar sources | 2,970. | 2,667. | 3,060. | 3,071. | 8,866. | 20,634. | | |
| 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.) | 13,681. | 2,773. | 10,413. | 7,256. | 474. | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 141867357 | | |
| 12 | Gross receipts from related activities, | , etc. (see instructio | ons) | | | 12 2 | ,371,069. | | |
| 13 | First 5 years. If the Form 990 is for the | he organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) | | | |
| | organization, check this box and sto | | | | | | | | |
| Sec | ction C. Computation of Publ | ic Support Per | centage | | | | | | |
| 14 | Public support percentage for 2021 (| line 6, column (f), d | livided by line 11, | column (f)) | | 14 | <u>99.96 %</u> | | |
| 15 | Public support percentage from 2020 |) Schedule A, Part | II, line 14 | | | 15 | 99.95 <u>%</u> | | |
| 16a | 33 1/3% support test - 2021. If the | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or m | ore, check this bo | x and | | |
| | stop here. The organization qualifies | as a publicly supp | orted organizatior | | | | ▶ X | | |
| b | 33 1/3% support test - 2020. If the | organization did no | ot check a box on | line 13 or 16a, and | l line 15 is 33 1/3% | or more, check th | is box | | |
| | and stop here. The organization qua | | | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | | | |
| | | | | | | | | | |
| | 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 | | | | | | | | |
| h | b 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 | | | | | | | | |
| | | | 237 617 1110 10, 10 | ., 100, 174, 01 174 | | | (Form 990) 2021 | | |

chedule A (Form 990) 202

132022 01-04-22

UNDER 21

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.)

| Sec | ction A. Public Support | | | | | | | | | |
|------|--|-----------------------------|-----------------------|----------------------|---------------------|----------------|---------------------------------------|--|--|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 202 | 1 (f) Total | | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | | |
| | include any "unusual grants.") | | | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | | | |
| 3 | Gross receipts from activities that | | | | | | | | | |
| - | are not an unrelated trade or bus- | | | | | | | | | |
| | iness under section 513 | | | | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | | | | |
| | ization's benefit and either paid to or expended on its behalf | | | | | | | | | |
| 5 | The value of services or facilities | | | | | | | | | |
| | furnished by a governmental unit to | | | | | | | | | |
| | the organization without charge | | | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | | | | |
| | 3 received from disgualified 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 | | | | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | | | | |
| Sec | tion B. Total Support | | • | • | • | • | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 202 | 1 (f) Total | | | |
| 9 | Amounts from line 6 | | | | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | | | |
| b | Unrelated business taxable income | | | | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | | | | |
| | acquired after June 30, 1975 | | | | | | | | | |
| c | Add lines 10a and 10b | | | | | | | | | |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | | | |
| 14 | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) orga | nization, | | | |
| | check this box and stop here | | | | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | rcentage | | | | | | | |
| 15 | Public support percentage for 2021 (I | ine 8, column (f), d | livided by line 13, o | column (f)) | | 15 | % | | | |
| 16 | Public support percentage from 2020 | Schedule A, Part | III, line 15 | | | 16 | % | | | |
| Sec | ction D. Computation of Invest | | | | | | | | | |
| 17 | Investment income percentage for 20 |)21 (line 10c, colur | mn (f), divided by li | ne 13, column (f)) | | 17 | % | | | |
| 18 | Investment income percentage from | | | | | 18 | % | | | |
| | 19a 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 ar | - | | | | | | | | |
| b | | | | | | | | | | |
| ~ | 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 | | | | | | | | | |
| 20 | Private foundation. If the organization | | | | | | | | | |
| | 23 01-04-22 | | | ,,, | | | dule A (Form 990) 2021 | | | |
| | | | | | | | · · · · · · · · · · · · · · · · · · · | | | |

16 2021.05080 UNDER 21

1

2

3a

3b

3c

4a

Yes No

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

- 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.
- 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).
- **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.
- **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.
- 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.
- **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.
- **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.*
- **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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 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).
- 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).*
- **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.**
- **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.**
- 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.
- **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.*
 - **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.)

132024 01-04-21



| Part IV | Supporting Or | ganizations (co | ontinued) |
|------------|-----------------|-----------------|-----------|
| Schedule A | (Form 990) 2021 | UNDER | 21 |

No

1

| 11 Has the organization accepted a gift or contribution from any of the following persons? 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? 11a 11a b A family member of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11b 11c Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization other than the supported organization in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization? 1 1 2 Uid the organization (s) that operated, supervised, or controlled the supporting organization? 2 2 1 Section C. Type II Supporting Organization. | | | | Yes | No |
|---|-----|---|-----|-----|----|
| 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide 11b detail in Part VI. 11c Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization/s officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization? | 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide 11c detail in Part VI. 11c Section B. Type I Supporting Organizations Yes 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supporting organization) 2 | а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide 11c detail in Part VI. 11c Section B. Type I Supporting Organizations Yes 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 | | 11c below, the governing body of a supported organization? | 11a | | |
| detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization. | b | A family member of a person described on line 11a above? | 11b | | |
| Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax yea? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization.</i></i> 2 Did the organization operate for the benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised organization, supported organization(s) that operated | | | 11c | | |
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization(s)</i> that operated, supervised, or controlled the supported organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> 2 Did the organization operate for the benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, | Sec | tion B. Type I Supporting Organizations | | | |
| more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization in Part VI <i>how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i></i> | | | | Yes | No |
| supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 | 1 | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 | | | 1 | | |
| Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization. 2 | 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| supervised, or controlled the supporting organization. | | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | supervised, or controlled the supporting organization. | 2 | | |

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

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

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the org | anization used to satisfy | the Integral Part Test durin | a the year (see instructions). |
|---|---|---------------------------|------------------------------|--------------------------------|
| - | | | | |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| c [| | The organization supported a | governmental entity. | Describe in Part VI how you supported a governmental entity (see instructions). | |
|------------|--|------------------------------|----------------------|--|--|
|------------|--|------------------------------|----------------------|--|--|

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

the supported organization(s)

- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

17030511 756359 1176300.509

Yes No

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | ig Orgai | nizations | | | |
|------|--|--------------|-----------------------------|--------------------------------|--|--|
| 1 | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions. | | | | | |
| | All other Type III non-functionally integrated supporting organizations must | | • | | | |
| Sect | Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) | | | | | |
| 1 | Net short-term capital gain | 1 | | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | |
| 3 | Other gross income (see instructions) | 3 | | | | |
| 4 | Add lines 1 through 3. | 4 | | | | |
| 5 | Depreciation and depletion | 5 | | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | | |
| | collection of gross income or for management, conservation, or | | | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | | | |
| 7 | Other expenses (see instructions) | 7 | | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | |
| | instructions for short tax year or assets held for part of year): | | | | | |
| a | Average monthly value of securities | 1a | | | | |
| b | Average monthly cash balances | 1b | | | | |
| c | Fair market value of other non-exempt-use assets | 1c | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | |
| е | Discount claimed for blockage or other factors | | | | | |
| | (explain in detail in Part VI): | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | | |
| | see instructions). | 4 | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | |
| 6 | Multiply line 5 by 0.035. | 6 | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | |
| Sect | ion C - Distributable Amount | | | Current Year | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | | |
| 7 | Check here if the current year is the organization's first as a non-functional | lly integrat | ed Type III supporting orga | nization (see | | |

Schedule A (Form 990) 2021

UNDER 21

13-3076376 Page 6

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

17030511 756359 1176300.509

| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
|------|--|-----------------------------|---------------------------------------|----|---|
| 8 | Distributions to attentive supported organizations to which the organization is responsive | | | | |
| | (provide details in Part VI). See instructions. | | | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2021 | IS | (iii) Distributable Amount for 2021 |
| _1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| а | From 2016 | | | | |
| b | From 2017 | | | | |
| с | From 2018 | | | | |
| d | From 2019 | | | | |
| е | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2021 distributable amount | | | | |
| с | 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. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | Excess from 2017 | | | | |
| b | Excess from 2018 | | | | |
| c | Excess from 2019 | | | | |
| d | Excess from 2020 | | | | |
| е | Excess from 2021 | | | | |
| | | | | 0. | h |

11763002

1

2

3 4

5

6

Current Year

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

6 Other distributions (describe in Part VI). See instructions.

4 Amounts paid to acquire exempt-use assets

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

3

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. Part VI (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

UNDER 21

| OTHER INCOME | | | |
|------------------|---------|----|----------------------------|
| 2017 AMOUNT: \$ | 676. | | |
| 2018 AMOUNT: \$ | 2,773. | | |
| 2019 AMOUNT: \$ | 10,413. | | |
| 2020 AMOUNT: \$ | 7,256. | | |
| 2021 AMOUNT: \$ | 474. | | |
| | | | |
| ENERGY SAVING RE | BATE | | |
| 2017 AMOUNT: \$ | 13,005. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 132028 01-04-22 | | 21 | Schedule A (Form 990) 2021 |

11763002

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

202⁻

Employer identification number

| i ano or gamzano | | |
|-------------------------|--|------------|
| | UNDER 21 | 13-3076376 |
| Organization type (chee | ck one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | \fbox 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

X 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.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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).

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

Schedule B (Form 990) (2021)

| - | 3 (Form 990) (2021) | - Email | Page 2 |
|-------------------------|---|----------------------------|--|
| Name of or | rganization | Empl | oyer identification number |
| UNDER | 21 | 1 | 3-3076376 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u> 1</u> | | \$ <u>12,011,246.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ <u>10,126,290.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$2,736,971. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$ <u>2,067,734.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5_ | | \$ <u>1,716,460.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u></u> 123452 11-11 | | \$ <u>1,453,015.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021) |

| | 3 (Form 990) (2021) | | Page 3 |
|------------------------------|---|--|--------------------------------|
| Name of or | rganization | | Employer identification number |
| UNDER | 21 | | 13-3076376 |
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | additional space is needed | J. |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | \$ | |

17030511 756359 1176300.509

Schedule B (Form 990) (2021)

| Name of or | rganization | | | Employer identification number | | | | |
|-----------------|--|---|--|--------------------------------|--|--|--|--|
| UNDER | 21 | | | 13-3076376 | | | | |
| Part III | Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a | tions to organizations described in se | ction 501(c)(7), (8), or (10) t | | | | | |
| | completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional | charitable, etc., contributions of \$1,000 or | ess for the year. (Enter this info. on | .ce.) ► \$ | | | | |
| (a) No. | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | (e) Transfer of gift | | | | | | |
| | Turneferre als mennes addresses | | Deletienskin of the | | | | | |
| F | Transferee's name, address, a | na ZIP + 4 | Relationship of tra | ansferor to transferee | | | | |
| | | | | | | | | |
| | | [| | | | | | |
| (a) No. | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | (e) Transfer of gift | | | | | | |
| | | | | | | | | |
| ŀ | Transferee's name, address, a | nd ZIP + 4 | Relationship of tra | ansferor to transferee | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, a | nd 7 ID $\pm A$ | Relationship of tra | ansferor to transferee | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| | | [| | | | | | |
| (a) No. from | | | (1) 5 | | | | | |
| Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | (e) Transfer of gift | : | | | | | |
| | Transferee's name, address, a | nd 7 ID $\pm A$ | Relationship of tra | ansferor to transferee | | | | |
| F | | | | | | | | |
| | | | | | | | | |
| | | [| | | | | | |
| 123454 11-11- | -21 | | | Schedule B (Form 990) (2021 | | | | |

25 2021.05080 UNDER 21

| Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | |
|---|-------------------|-------------------------------------|---------------------------|---|--|--|--|
| If the organization answ | vered "Yes," on | Form 990, Part IV, line 3, or Fo | orm 990-EZ, Part V, lir | ne 46 (Political Campaign Ac | tivities), then | | |
| Section 501(c)(3) orga | anizations: Com | plete Parts I-A and B. Do not co | mplete Part I-C. | | | | |
| Section 501(c) (other | than section 50 |)1(c)(3)) organizations: Complete | Parts I-A and C below. | Do not complete Part I-B. | | | |
| Section 527 organiza | | | | · | | | |
| 0 | | Form 990, Part IV, line 4, or Fo | orm 990-EZ. Part VI. li | ne 47 (Lobbving Activities), t | then | | |
| | | nave filed Form 5768 (election u | | | | | |
| | | nave NOT filed Form 5768 (elect | ()/ | • | | | |
| | | Form 990, Part IV, line 5 (Prox | • | | • | | |
| Tax) (See separate instr | | | .,, (eee eeparate | | _, · · · · · , · · · · · · · · · , | | |
| Section 501(c)(4), (5), | | ions: Complete Part III. | | | | | |
| Name of organization | () 0 | • | | Employ | yer identification number | | |
| | UNDER 2 | 1 | | | 13-3076376 | | |
| Part I-A Comple | | anization is exempt und | er section 501(c) o | or is a section 527 orga | | | |
| | | | | | | | |
| 1 Provide a description | n of the organiz | ation's direct and indirect politic | al campaign activities i | n Part IV. | | | |
| 2 Political campaign a | | | | ▶\$_ | | | |
| 3 Volunteer hours for | political campai | | | | | | |
| | | | | | | | |
| Part I-B Comple | ete if the org | anization is exempt und | er section 501(c)(| 3). | | | |
| 1 Enter the amount of | any excise tax | incurred by the organization unc | ler section 4955 | ▶\$_ | | | |
| 2 Enter the amount of | any excise tax | incurred by organization manage | ers under section 4955 | ▶\$_ | | | |
| 3 If the organization in | ncurred a section | n 4955 tax, did it file Form 4720 | for this year? | | Yes No | | |
| 4a Was a correction ma | ade? | | | | Yes No | | |
| b If "Yes," describe in | Part IV. | | | | | | |
| Part I-C Comple | ete if the org | anization is exempt und | er section 501(c), | except section 501(c)(| 3). | | |
| 1 Enter the amount di | rectly expended | I by the filing organization for se | ction 527 exempt funct | ion activities > \$ _ | | | |
| 2 Enter the amount of | the filing organ | ization's funds contributed to ot | her organizations for se | ection 527 | | | |
| exempt function act | ivities | | | ▶\$_ | | | |
| | | . Add lines 1 and 2. Enter here a | | | | | |
| line 17b | | | | ▶\$_ | | | |
| | | | | | Yes No | | |
| 5 Enter the names, ad | dresses and en | ployer identification number (Ell | N) of all section 527 pol | litical organizations to which t | he filing organization | | |
| made payments. For | r each organiza | tion listed, enter the amount pai | d from the filing organiz | ation's funds. Also enter the a | amount of political | | |
| contributions receive | ed that were pro | omptly and directly delivered to a | a separate political orga | anization, such as a separate | segregated fund or a | | |
| political action comr | mittee (PAC). If | additional space is needed, prov | vide information in Part | IV. | | | |
| (a) Name | | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly | | |
| | | | | | delivered to a separate political organization. | | |
| | | | | | If none, enter -0 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

if the organization is described below. Attach to Form 990 or Form 990 FZ

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

Schedule C (Form 990) 2021

OMB No. 1545-0047

2021

132041 11-03-21

SCHEDULE C

(Form 990)

| | UNDER 2 | | | | 13-3 | 076376 Page | 2 | | | |
|---|---|----------------------|--------------------------|-----------------------|-------------------------------|---------------------------|----|--|--|--|
| Part II-A Complete if the org | janization | is exen | npt under section | 501(c)(3) and file | ed Form 5768 (ele | ction under | | | | |
| section 501(h)). | | | | | | | | | | |
| | A Check a (if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). | | | | | | | | | |
| | | , 0 | nd "limited control" pro | visions apply | | | | | | |
| <u> </u> | (a) Filing | (b) Affiliated group | | | | | | | | |
| | its on Lobbyi ditures" mea | • • | | | organization's totals | totals | | | | |
| | (The term "expenditures" means amounts paid or incurred.) | | | | | | | | | |
| 1a Total lobbying expenditures to influence | | | | | 20.207 | 100 007 | | | | |
| b Total lobbying expenditures to influ | | | | | 38,307. | <u>190,907</u> 190,907 | | | | |
| c Total lobbying expenditures (add li | | | | | <u>38,307.</u> 32,593,185. | | | | | |
| d Other exempt purpose expendituree Total exempt purpose expenditure | | | | | 32,631,492. | | | | | |
| f Lobbying nontaxable amount. Enter | | | | | 1,000,000. | 1,000,000 | | | | |
| If the amount on line 1e, column (a) of | | | bying nontaxable amo | | 1,000,000. | 1,000,000 | • | | | |
| Not over \$500,000 | | | the amount on line 1e. | | | | | | | |
| Over \$500,000 but not over \$1,000 | 0.000 | | 0 plus 15% of the exce | ess over \$500.000. | | | | | | |
| Over \$1,000,000 but not over \$1,5 | | \$175,00 | 0 plus 10% of the exce | ess over \$1,000,000. | | | | | | |
| Over \$1,500,000 but not over \$17, | ,000,000 | \$225,00 | 0 plus 5% of the exces | ss over \$1,500,000. | | | | | | |
| Over \$17,000,000 | | \$1,000,0 | 000. | | | | | | | |
| | | | | | | | | | | |
| g Grassroots nontaxable amount (en | | | | | 250,000. | 250,000 | | | | |
| h Subtract line 1g from line 1a. If zer | | | | | 0. | | • | | | |
| i Subtract line 1f from line 1c. If zero | | | | | 0. | 0 | • | | | |
| j If there is an amount other than ze | | | | | Г | Yes N | lo | | | |
| reporting section 4911 tax for this | | | raging Period Under | | L | | 0 | | | |
| (Some organizations t | hat made a s | ection 50 | 01(h) election do not h | nave to complete all | of the five columns be | low. | | | | |
| | | | ate instructions for lin | | | | | | | |
| | Lobbyi | ng Exper | nditures During 4-Yea | r Averaging Period | 1 | | | | | |
| Calendar year | (a) 20 | 18 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total | | | | |
| (or fiscal year beginning in) | (a) 20 | 10 | (b) 2013 | (0) 2020 | (u) 2021 | | | | | |
| | | | | | | | | | | |
| 2a Lobbying nontaxable amount | 1,000 | .000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000 | • | | | |
| b Lobbying ceiling amount | | | , , , | | | | | | | |
| (150% of line 2a, column(e)) | | | | | | 6,000,000 | • | | | |
| | | | | | | | | | | |
| c Total lobbying expenditures | 37, | ,034. | 39,561. | 114,306. | 190,907. | 381,808 | • | | | |
| | 0.50 | 000 | | | | 1 000 000 | | | | |
| d Grassroots nontaxable amount | 250, | ,000. | 250,000. | 250,000. | 250,000. | 1,000,000 | • | | | |
| Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | 1,500,000 | | | | |
| | | | | | | 1 , 300,000 | • | | | |
| f Grassroots lobbying expenditures | | | | | | | | | | |
| - Gradorooto lobbying experiatures | 1 | | 1 | I | 0.1 | le C (Form 990) 20 | ~ | | | |

C (Form 990) 2

132042 11-03-21

UNDER 21

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a | detailed description | (a) | | (b) | |
|--|--|-----------------|--------------|-------------|-----------|
| of the lobbying activity. | | Yes | No | Amo | ount |
| During the year, did the filing organization attempt to influence fore local legislation, including any attempt to influence public opinion or referendum, through the use of: | on a legislative matter | | | | |
| a Volunteers? | rtad an lines 1 sthrough 1i)0 | | | | |
| b Paid staff or management (include compensation in expenses reported) a Madia advantagements? | • / … | | | | |
| c Media advertisements? | | | | | |
| d Mailings to members, legislators, or the public? | | | | | |
| | | | | | |
| f Grants to other organizations for lobbying purposes?g Direct contact with legislators, their staffs, government officials, or | a logialativa body? | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures | | | | | |
| | | | | | |
| | | | | | |
| j Total. Add lines 1c through 1i2a Did the activities in line 1 cause the organization to be not describe | | | | | |
| | | | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| c If "Yes," enter the amount of any tax incurred by organization mana | - | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form Part III-A Complete if the organization is exempt unde Form | er section 501(c)(4), section | n 501(c)(| 5), or sec | tion | |
| 501(c)(6). | | | | Yes | No |
| 1 Were substantially all (90% or more) dues received nondeductible b | w members? | | 1 | | |
| 2 Did the organization make only in-house lobbying expenditures of \$ | | | | | |
| 3 Did the organization agree to carry over lobbying and political camp | | | | | |
| Part III-B Complete if the organization is exempt under | | | | tion | |
| 501(c)(6) and if either (a) BOTH Part III-A, lin answered "Yes." | | | | | 3, is |
| Dues, assessments and similar amounts from members | | | 1 | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (| | | | | |
| expenses for which the section 527(f) tax was paid). | do not include amounts of pointe | ai | | | |
| | | | 2a | | |
| a Current year | | | | | |
| b Carryover from last year | | | | | |
| c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of none | | | | | |
| | | | 3 | | |
| 4 If notices were sent and the amount on line 2c exceeds the amoun | | | | | |
| does the organization agree to carryover to the reasonable estimate | e of hondeductible lobbying and po | olitical | | | |
| expenditure next year?5 Taxable amount of lobbying and political expenditures. See instruction | tiono | | 4 | | |
| Part IV Supplemental Information | tions | | 5 | | |
| | Quine 5. Dect II A (affiliated averuge | | A 15 | | |
| Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I instructions); and Part II-B, line 1. Also, complete this part for any addition SCHEDULE C, PART II-A, BOX A: | | iist), Part II- | A, lines i a | nu 2 (See | |
| UNDER 21 / COVENANT HOUSE NEW YORK BEI | LONGS TO AN AFFILI | ATED O | ROUP | WITH I | TS |
| PARENT ORGANIZATION AND THE FOLLOWING | G AFFILIATES: | | | | |
| AFFILIATES | DIRECT LOBBYING E | XPENSE | 6 | | |
| COVENANT HOUSE, INC. | \$152,600 | | | | |
| UNDER 21, INC/COVENANT HOUSE NY | \$36,060 | | | | |
| 132043 11-03-21 | | | Schedu | ile C (Form | 990) 2021 |
| | | | | | |

| Schedule C (Form 990) 2021 UNDER 21 | | 13-3076376 Page 4 |
|--|--------------------------|-----------------------------|
| Part IV Supplemental Information (continued) | | |
| TESTANMENTUM | \$0 | |
| COVENANT INTERNATIONAL FOUNDATION | \$0 | |
| CONVENANT HOUSE WESTERN AVENUE | \$0 | |
| AFFILIATED GROUP TOTAL | \$190,907 | |
| REFER TO SCHEDULE R FOR FURTHER DETA | ILS FOR ADDRESS AND EIN. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | Schedule C (Form 990) 2021 |
| | | Schedule C (FULII 990) 2021 |

132044 11-03-21

17030511 756359 1176300.509

| SCHEDULE [|
|------------|
|------------|

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

| 13-30763' | 76 | |
|-----------|----|--|
|-----------|----|--|

| Nam | UNDER 21 | | | 13-3076376 |
|--------|---|--|----------------|---------------------------------|
| Par | | d Funds or Other Similar Funds o | r Accour | |
| | organization answered "Yes" on Form 990, Part IV, lin | | | |
| | | (a) Donor advised funds | (b) Fur | ids and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in v | | funds | |
| - | are the organization's property, subject to the organization's | - | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | |
| - | for charitable purposes and not for the benefit of the donor o | | | |
| | | · | • | Yes No |
| Par | | ganization answered "Yes" on Form 990. Pa | rt IV. line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | | , | |
| - | Preservation of land for public use (for example, recrea | | historically | important land area |
| | Protection of natural habitat | Preservation of a | • | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualit | fied conservation contribution in the form of | a conserva | tion easement on the last |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a | |
| b | | | | |
| с | Number of conservation easements on a certified historic structure | | | |
| d | Number of conservation easements included in (c) acquired a | | | |
| | listed in the National Register | | | |
| 3 | Number of conservation easements modified, transferred, rel | | | during the tax |
| | year 🕨 | | | |
| 4 | Number of states where property subject to conservation eas | sement is located | | |
| 5 | Does the organization have a written policy regarding the per | riodic monitoring, inspection, handling of | | |
| | violations, and enforcement of the conservation easements it | t holds? | | Yes 📃 No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing conser | vation ease | ements during the year |
| | ▶ | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservatio | n easemen | ts during the year |
| | ► \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170(h) | 4)(B)(i) | |
| | and section 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its revenue and expense st | atement an | d |
| | balance sheet, and include, if applicable, the text of the footr | note to the organization's financial statement | ts that desc | cribes the |
| Dec | organization's accounting for conservation easements. | | | |
| Par | t III Organizations Maintaining Collections of | | er Simila | r Assets. |
| | Complete if the organization answered "Yes" on Form | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | | | |
| | of art, historical treasures, or other similar assets held for put | | herance of | public |
| | service, provide in Part XIII the text of the footnote to its finar | | | |
| b | If the organization elected, as permitted under FASB ASC 95 | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in further | ance of pul | blic service, |
| | provide the following amounts relating to these items: | | • | • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | • | \$ |
| ~ | | | | · |
| 2 | If the organization received or held works of art, historical tre | | ain, provide | 9 |
| _ | the following amounts required to be reported under FASB A | • | • | ф |
| a ⊾ | Revenue included on Form 990, Part VIII, line 1 | | | \$\$ |
| | Assets included in Form 990, Part X | | | |
| | For Paperwork Reduction Act Notice, see the Instructions | 5 101 1701111 230. | | Schedule D (Form 990) 2021 |
| 10200 | | | | |

30 2021.05080 UNDER 21

| Sche | dule D (Form 990) 2021 UNDER 2 | | | | | 13-30 | | 5 Р | age 2 |
|------------|---|--|--|--------------------------|-------------|-------------|------------|----------|--------------|
| Par | t III Organizations Maintaining C | ollections of Art | , Historical Tre | asures, or Othe | er Simila | r Assets | contir | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | , check any of the f | ollowing that make | significant | use of its | | | |
| | collection items (check all that apply): | | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | | |
| b | Scholarly research | е | Other | | | | | | |
| с | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | how they further th | e organization's exe | empt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations o | f art, historical treas | ures, or other simila | ir assets | | _ | _ | _ |
| | to be sold to raise funds rather than to be ma | | | | <u></u> | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang reported an amount on Form 990, Par | | te if the organizatio | n answered "Yes" o | n Form 990 |), Part IV, | line 9, or | | |
| 19 | Is the organization an agent, trustee, custodi | - | any for contributions | or other assets not | included | | | | |
| Ia | | | | | | | Yes | | No |
| h | on Form 990, Part X? If "Yes," explain the arrangement in Part XIII | and complete the foll | owina table: | | | ∟ | | | |
| ~ | | | owing table. | | | | Amoun | t | |
| с | Beginning balance | | | | 1c | | | | |
| | Additions during the year | | | | | | | | |
| | Distributions during the year | | | | | | | | |
| f | Ending balance | | | | | | | | |
| 2a | Did the organization include an amount on Fo | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII. | | | | | | | |] |
| Par | t V Endowment Funds. Complete i | f the organization and | swered "Yes" on Fo | rm 990, Part IV, line | 10. | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three | years back | (e) Four | years | back |
| 1a | Beginning of year balance | ear balance 124,580. 99,419. 106,760. 114,222. | | | | | | 112,013. | |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and losses | -16,743. | 25,161. | -7,341. | | -1,694. | | 2, | 209. |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | 5,768. | | | |
| g | End of year balance | 107,837. | 124,580. | 99,419. | 1 | .06,760. | | 114, | 222. |
| 2 | Provide the estimated percentage of the curr | | |) held as: | | | | | |
| а | Board designated or quasi-endowment | .0000 | _% | | | | | | |
| | Permanent endowment $\blacktriangleright \frac{98.1400}{1.8600}$ | % | | | | | | | |
| с | | % | | | | | | | |
| 0- | The percentages on lines 2a, 2b, and 2c show | | de la Alexa de la | d a destatata a diferent | | | | | |
| Ja | Are there endowment funds not in the posse | ssion of the organizat | tion that are held an | ia administered for t | ne organiza | ation | ſ | Yes | No |
| | by: (i) Unrelated organizations | | | | | | 3a(i) | 100 | X |
| | | | | | | | 3a(ii) | Х | - 23 |
| h | (ii) Related organizations If "Yes" on line 3a(ii), are the related organiza | tions listed as require | d on Schedule B? | | | | 3b | X | <u> </u> |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | <u> </u> |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990, | Part IV, line 11a. S | ee Form 990, Part X | , line 10. | | | | |
| | Description of property | (a) Cost or ot | her (b) Cost | or other (c) | Accumulate | ed | (d) Boo | k valu | e |
| | | basis (investm | ent) basis | | epreciation | | . , | | |
| 1 a | Land | | | | | | | | |
| | Buildings | | | | | | | | |
| | Leasehold improvements | | 2 | 7,140. | 6,2 | | | | 96. |
| | Equipment | | | | 593,7 | | | 3,1 | |
| | Other | | 20 | 0,524. | 84,1 | 27. | | 6,3 | |
| | . Add lines 1a through 1e. (Column (d) must e | | (, column (B), line 1 |)c.) | | | 56 | 0,4 | 82. |
| | | | | | | Schedule | D (Forn | n 990) | 2021 |

17030511 756359 1176300.509

| | D (Form 990) 2021 UNDER 21 | | | <u>13-3076376</u> Page 3 |
|--|---|--|--------------------------------|------------------------------------|
| Part VI | Investments - Other Securities. | | | |
| | Complete if the organization answered "Yes" o | n Form 990, Part IV, line 1 ⁻ | 1b. See Form 990, Part X, line | 12. |
| (a) Descr | iption of security or category (including name of security) | (b) Book value | (c) Method of valuation: C | ost or end-of-year market value |
| (1) Financ | cial derivatives | | | |
| (2) Closel | ly held equity interests | | | |
| (3) Other | | | | |
| | ENEFICIAL INTEREST IN | | | |
| (B) P | ERPETUAL TRUST | 1,776,619. | END-OF-YEAR MA | RKET VALUE |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 12.) | 1,776,619. | | |
| Part VI | II Investments - Program Related. | | | |
| | Complete if the organization answered "Yes" o | | | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: C | ost or end-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | | | | |
| | Complete if the organization answered "Yes" o | | 1d. See Form 990, Part X, line | |
| | (a) D | escription | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| | | | | |
| (9) | | | | |
| Total. (Co | lumn (b) must equal Form 990, Part X, col. (B) line | 15.) | | |
| Total. (Co | Other Liabilities. | | | |
| Total. _{(Co} Part X | Other Liabilities. Complete if the organization answered "Yes" o | | 1e or 11f. See Form 990, Part | , |
| Total. _{(Co} Part X 1. | Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability | | 1e or 11f. See Form 990, Part | ► X, line 25. (b) Book value |
| Total. <u>(Co</u> Part X 1. (1) Fe | Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability ederal income taxes | | 1e or 11f. See Form 990, Part | (b) Book value |
| Total. <u>(Co</u> Part X 1. (1) Fe (2) C | Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability | | 1e or 11f. See Form 990, Part | (b) Book value |
| Total. <u>(Co</u> Part X 1. (1) Fe (2) C (3) | Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability ederal income taxes | | 1e or 11f. See Form 990, Part | (b) Book value |
| Total. <u>(Co</u> Part X 1. (1) Fe (2) C. (3) (4) | Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability ederal income taxes | | 1e or 11f. See Form 990, Part | (b) Book value |
| Total. (Co Part X 1. (1) Fe (2) C (3) (4) (5) | Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability ederal income taxes | | 1e or 11f. See Form 990, Part | (b) Book value |
| Total. <u>(Co</u> Part X 1. (1) Fe (2) C (3) (4) (5) (6) | Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability ederal income taxes | | 1e or 11f. See Form 990, Part | (b) Book value |
| Total. (Co Part X 1. (1) Fe (2) C. (3) (4) (5) (6) (7) | Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability ederal income taxes | | 1e or 11f. See Form 990, Part | (b) Book value |
| Total. <u>(Co</u> Part X 1. (1) Fe (2) C (3) (4) (5) (6) (7) (8) | Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability ederal income taxes | | 1e or 11f. See Form 990, Part | , |
| Total. (Co Part X 1. (1) Fe (2) C. (3) (4) (5) (6) (7) | Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability ederal income taxes | | 1e or 11f. See Form 990, Part | (b) Book value |

17030511 756359 1176300.509

Schedule D (Form 990) 2021

| Sche | dule D (Form 990) 2021 UNDER 21 | | | 13- | 3076376 | Page 4 |
|--|---|----------------------------------|----------------------|--------------|----------------------------|-----------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Statemer | nts With | | | | U |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 35,663, | ,739. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -22,947. | | | |
| b | Donated services and use of facilities | 2b | 160,581. | | | |
| с | Recoveries of prior year grants | 2c | | | | |
| d | Other (Describe in Part XIII.) | 2d | 234,416. | | | |
| е | Add lines 2a through 2d | | | 2e | 372, | ,050. |
| 3 | Subtract line 2e from line 1 | | | 3 | 35,291, | ,689. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | |
| с | Add lines 4a and 4b | | | 4c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 35,291, | ,689. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Stateme | nts With | Evnenses ner F | フヘキュッド | - CO | |
| | | | Expenses per i | hetui | n. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | |
| 1 | | | | 1 | 33,559, | ,013. |
| 1 2 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | ,013. |
| - | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | | | | | ,013. |
| 2 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | 2a | | | | ,013. |
| 2 a | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | 2a 2b 2c | 160,581. | | | ,013. |
| 2 a | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c | | | 33,559, | |
| 2 a b c | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c 2d | 160,581. | | 33,559, 394, | ,997. |
| 2 a b c d | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | 160,581. 234,416. | 1 | 33,559, | ,997. |
| 2 a b c d e | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | 160,581. 234,416. | 1 2e | 33,559, 394, | ,997. |
| 2 b c d e 3 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2b 2c 2d | 160,581. 234,416. | 1 2e | 33,559, 394, | ,997. |
| 2 b c d 3 4 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d 4a | 160,581. 234,416. | 1 2e | 33,559, 394, | ,997. |
| 2 b c 3 4 a b | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d 4a 4b | 160,581. | 1 2e | 33,559, 394, 33,164, | <u>,997.</u> ,016. |
| 2 a b c d e 3 4 a b c 5 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d 4a 4b | 160,581. | 1 2e 3 | 33,559, 394, | <u>,997.</u> ,016. |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

| THE ORGANIZ | ZATION HAS | ADOPTED IN | VESTMENT | AND SPE | NDING POL | ICIES FOR | |
|-------------|-------------|-------------|-----------|----------|-----------|------------|----------|
| ENDOWMENT A | ASSETS THAT | SUPPORT T | HE OBJECI | TIVE OF | PROVIDING | A SUSTAIN | ABLE AND |
| INCREASING | LEVEL OF E | ENDOWMENT I | NCOME DIS | GTRIBUTI | ON TO SUP | PORT THE | |
| ORGANIZATI | ON'S ACTIVI | TIES WHILE | SEEKING | TO MAIN | TAIN THE | PURCHASING | POWER |
| OF ENDOWMEI | NT ASSETS. | THE ORGANI | ZATION'S | PRIMARY | INVESTME | NT OBJECTI | VE IS TO |
| MAXIMIZE TO | OTAL RETURN | N WITHIN RE | ASONABLE | AND PRU | DENT LEVE | LS OF RISK | WHILE |
| | | | | | | | |

MAINTAINING SUFFICIENT LIQUIDITY TO MEET DISBURSEMENT NEEDS AND ENSURE

PRESERVATION OF CAPITAL.

PART X, LINE 2:

17030511 756359 1176300.509

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF

132054 10-28-21

Schedule D (Form 990) 2021

| Schedule D (Form 990) 2021 UNDER 21 | 13-3076376 Page 5 |
|--|-------------------|
| Part XIII Supplemental Information (continued) | |
| THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. | MANAGEMENT HAS |
| DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSI | TIONS THAT WOULD |
| REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. | . THE |
| ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE A | APPLICABLE TAXING |
| JURISDICTIONS FOR YEARS PRIOR TO JUNE 30, 2019. | |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | |
| ADMIN FEES REPORTED ON PART VII | 234,416. |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| ADMIN FEES REPORTED ON PART VII | 234,416. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | ment of the T Revenue Se | | Go to v | www.irs.gov/Fo | rm990 for instructions and the lates | at information. | | Open to Public Inspection |
|------|-----------------------------|------------------|---|---|---|----------------------|---|--|
| | | ganization | · · | - · · | | | Employer id | lentification number |
| TINT | DER 21 | 1 | | | | | 13-307 | 6276 |
| Par | | | mation on A | ctivities Out | side the United States. Comp | lata if the organ | | |
| I UI | | orm 990, Part I\ | | | | nete il the organ | Ization answer | eu res on |
| 1 | | | | n maintain record | ds to substantiate the amount of its g | ants and other | assistance. | |
| | | | | | he selection criteria used to award th | | | Yes No |
| 2 | For gran United S | | ribe in Part V the | e organization's | procedures for monitoring the use of i | ts grants and ot | her assistance | outside the |
| 3 | | | | | n be duplicated if additional space is | | | |
| | (a) R | egion | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the regior (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) | is a pro describe | vity listed in (d) gram service, e specific type (s) in the region | expenditures for and investments |
| | | | | | | | | |
| EURO | PE | | 0 | 0 | INVESTMENTS | | | 1,776,619. |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 3 a | Subtotal | | 0 | 0 | | | | 1,776,619. |
| b | | m continuation | 0 | 0 | | | | 0. |
| С | Totals (a | add lines 3a | 0 | 0 | | | | 1 776 619 |

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

Open to Public

132071 12-20-21

SCHEDULE F (Form 990)

| Sched | lule E (Forn | n 990) 2021 | |
|-------|--------------|-------------|--|

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) | |
|---|---|-------------|--------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax | | | | | | | | | |
| | | | or counsel has provided a sect | | | | | | |
| 3 Enter total number of | other organizations o | or entities | | | <u></u> | | Sched | ule F (Form 990) 2021 | |

| _ | | | | |
|---|--|--|--|--|
| - | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| - | | | | |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(d) Amount of

cash grant

(e) Manner of

cash disbursement

(c) Number of

recipients

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

(b) Region

(f) Amount of

noncash assistance (g) Description of

noncash assistance

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

| Part IV | Foreign Form | າຣ | |
|------------|-----------------|-------|----|
| Schedule F | (Form 990) 2021 | UNDER | 21 |

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
|---|--|-------|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | X Yes | No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i> | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i> | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i> | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i> | Yes | X No |

Schedule F (Form 990) 2021

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE F, PART IV, LINE 2:

THE ORGANIZATION HAS FILED FORM 3520.

Schedule F (Form 990) 2021

132075 12-20-21

| SCHEDULE I (Form 990) | | | | | | | | | | | | |
|---|------------------------|------------------------------------|--------------------------|---|---|---------------------------------------|---------------------------------------|--|--|--|--|--|
| Department of the Treasury Internal Revenue Service | | | Attach to For | m 990. | | | Open to Public Inspection | | | | | |
| Name of the organization | | Go to www.ir | s.gov/Form990 fo | r the latest inforn | hation. | | Employer identification number | | | | | |
| UNDER 21 Part I General Information on Grants a | nd Assistance | | | | | | 13-3076376 | | | | | |
| 1 Does the organization maintain records | | amount of the grante | or acciptones, the | grantaas' aligibility | for the grapte or again | tance and the colocti | | | | | | |
| criteria used to award the grants or assis | stance? | - | | | | | | | | | | |
| 2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to | | | | | opization anoward "W | aall an Farm 000 Dart | IV line O1 for only | | | | | |
| recipient that received more than | | | | | anization answered f | es on Form 990, Part | TV, III e 21, IOF any | | | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | | | | |
| 460 WEST 41ST STREET LLC 5 PENN PLAZA, 3RD FLOOR | | | | | | | TO SUPPORT CONSTRUCTION | | | | | |
| NEW YORK, NY 10001 | 13-2725416 | 501(C)(3) | 2,000,000. | 0. | | | OF THE NEW HEALTH CENTER. | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization | s listed in the line 1 | table | | | | | | | | | | |

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

Schedule I (Form 990) 2021

UNDER 21

13-3076376 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|---------------------------------|-----------------------------|---------------------------------------|--|---|
| | | | | | |
| FOOD, CLOTHING, SUPPLIES & ALLOWANCE | 1504 | 0. | 2,584,109. | Cost | FOOD, CLOTHING, SUPPLIES & ALLOWANCE |
| | | | | | |
| CHOLARSHIPS | 58 | 115,385. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the informa | tion required in Part I, line | e 2; Part III, column | (b); and any other ad | dditional information. | |
| PART I, LINE 2: | | | | | |
| INDER 21/COVENANT HOUSE NEW YOP | RK PROVIDES N | ON-CASH AS | SISTANCE I | N THE FORM | |
| OF MEDICAL, SUBSTANCE ABUSE, VO | CATIONAL EDU | CATION, JC | B TRAINING | , AND ETC. | |
| S SUCH, THERE IS NO REQUIREMEN | NT TO MONITOR | THE USE C | OF THESE NO | N-CASH | |
| TEMS. UNDER 21/COVENANT HOUSE | NEW YORK REV | IEWS ALL G | RANT RELAT | 'ED | |

EXPENDITURES ON A MONTHLY BASIS, WITH THE MAJORITY OF THE GRANT FUNDS ARE

ON A REIMBURSEMENT BASIS. CONSEQUENTLY ALL EXPENDITURES MUST BE REVIEWED TO

INSURE THAT THEY COMPLY WITH GRANT PROVISIONS PRIOR TO SUBMITTING THE

REIMBURSEMENT REQUEST. IN ADDITION, ALL EXPENDITURES/ ASSISTANCES ARE

41

DOCUMENTED IN EACH RESIDENT'S CASE FILE.

UNDER 21/COVENANT HOUSE NEW YORK ALSO PROVIDES SCHOLARSHIPS TO YOUTH.

SCHOLARSHIP FUNDS ARE DIRECTLY GIVEN TO THE EDUCATIONAL INSTITUTIONS ON

BEHALF OF THE YOUTHS.

UNDER 21/COVENANT HOUSE RECOGNIZED \$2,000,000 IN GOVERNMENT GRANTS AND CONTRACTS AND A CORRESPONDING PASS-THROUGH GRANT EXPENSE TO 460 WEST 41ST STREET LLC, SINCE THE LLC IS THE LANDLORD OF THE HEALTH CENTER. THE LLC IS A DISREGARDED ENTITY OF THE FILING ORGANIZATION'S PARENT ENTITY, COVENANT HOUSE INC.

17030511 756359 1176300.509

| SCHEDULE J Compensation Information | OMB No. | OMB No. 1545-0047 | | | | |
|--|-------------------|-------------------|------|--|--|--|
| (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest | 20 | n 1 | | | | |
| Compensated Employees | 20 | | | | | |
| ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. | Open te | o Publ | ic | | | |
| Department of the Treasury ► Attach to Form 990. Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. | Inspe | ection | | | | |
| Name of the organization Emplo | oyer identificati | on nui | mber | | | |
| | 3-307637 | 6 | | | | |
| Part I Questions Regarding Compensation | | - | | | | |
| | | Yes | No | | | |
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | | | | |
| Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | | |
| First-class or charter travel Housing allowance or residence for personal use | | | | | | |
| Travel for companions Payments for business use of personal residence | e | | | | | |
| Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | | | | |
| Discretionary spending account Personal services (such as maid, chauffeur, chef) |) | | | | | |
| | | | | | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | | |
| reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | | | | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | | | |
| trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | | | | |
| | | | | | | |
| 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | | | | |
| CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | | | | |
| establish compensation of the CEO/Executive Director, but explain in Part III. | | | | | | |
| X Compensation committee Written employment contract | | | | | | |
| X Independent compensation consultant | | | | | | |
| X Form 990 of other organizations | ee | | | | | |
| | | | | | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | | |
| organization or a related organization: | | | | | | |
| a Receive a severance payment or change-of-control payment? | 4a | | X | | | |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X | | | |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X | | | |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | |
| | | | | | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | | | |
| contingent on the revenues of: | | | | | | |
| a The organization? | | | X | | | |
| b Any related organization? | | | X | | | |
| If "Yes" on line 5a or 5b, describe in Part III. | | | | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | | | |
| contingent on the net earnings of: | | | | | | |
| a The organization? | 6a | | X | | | |
| b Any related organization? | | | X | | | |
| If "Yes" on line 6a or 6b, describe in Part III. | | | | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | | | |
| not described on lines 5 and 6? If "Yes," describe in Part III | 7 | Х | | | | |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | | | | |
| initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X | | | |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | | | | |
| Regulations section 53.4958-6(c)? | | | | | | |
| | Schedule J (For | n 990) | 2021 | | | |

132111 11-02-21

17030511 756359 1176300.509

13-3076376

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of W | -2 and/or 1099-MIS0 compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|----------------------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) DR. DAVID J. DAVIS | (i) | 220,023. | 2,880. | 4,092. | 20,656. | 13,644. | 261,295. | 0. |
| MEDICAL DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) LESLIE ABBEY | (i) | 164,485. | 750. | 347. | 10,014. | 33,366. | 208,962. | 0. |
| COO & DEPUTY ED | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) THEODORA CARTER | (i) | 161,183. | 750. | 569. | 9,164. | 12,297. | 183,963. | 0. |
| CHIEF HUMAN RESOURCES OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) LEIGH J. FUGGER-SMITH, CFO | (i) | 160,769. | 0. | 611. | 8,876. | 3,137. | 173,393. | 0. |
| & ADMIN. OFFICER THRU OCT 2021 | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) MARIA L. MOROTA | (i) | 130,742. | 2,500. | 434. | 7,700. | 21,996. | 163,372. | 0. |
| VP, OPERATIONAL CONTROLLERSHIP | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) CATHY BATISTA | (i) | 132,365. | 750. | 95. | 4,689. | 12,297. | 150,196. | 0. |
| SVP, RESIDENTIAL & SUPPORT SVCS. | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE PRESIDENT/CEO'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE

OF COVENANT HOUSE INTERNATIONAL (PARENT) WORKING IN CONJUNCTION WITH

COMPARABILITY DATA SUCH AS SALARY SURVEYS WITH SIMILARLY SIZED NON-PROFITS.

PERIODICALLY THE ORGANIZATION HIRES AN INDEPENDENT CONSULTANT TO REVIEW

COMPARABLE SALARIES FOR THE PRESIDENT/CEO, OTHER OFFICERS AND KEY

EMPLOYEES. GENERALLY THE BOARD EVALUATES THE PRESIDENT'S COMPENSATION

ANNUALLY. THE DETERMINATION IS BASED ON THE PERFORMANCE EVALUATION THAT

FACTORS INTO ACCOUNT EFFECTIVENESS, PERFORMANCE, AND ACHIEVEMENT OF GOALS.

PART I, LINE 7:

CERTAIN EMPLOYEES OF THE ORGANIZATION RECEIVED DISCRETIONARY BONUSES IN

THEIR 2021 W-2, AS REPORTED IN SCHEDULE J, PART II.

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

2021 Open to Public Inspection

| Name of the organization | | |
|--------------------------|-------|----|
| | UNDER | 21 |

Employer identification number 13-3076376

| Par | t I Types of Property | | | | | 1070. | 570 | |
|---------|---|-------------------------------|--------------------------------------|--|---|---------|-------|------|
| | | (a) Check if applicable | (b) Number of contributions or | (c) Noncash contribution amounts reported on | (d) Method of de noncash contribu | etermin | | |
| | | applicable | | Form 990, Part VIII, line 1g | noncash contribu | ational | nount | 5 |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | X | | 150,668. | COST | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other \dots | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | X | 2 | 5,408. | COST | | | |
| 20 | Drugs and medical supplies | X | 1 | 9,805. | COST | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ► () | | | | | | | |
| 26 | Other ► () | | | | | | | |
| 27 | Other ► () | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | zation during | g the tax year for co | ontributions | | | | |
| | for which the organization completed Form 82 | 83, Part V, D | onee Acknowledg | ement | | | 0 | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | y contributio | n any property rep | orted in Part I, lines 1 throug | gh 28, that it | | | |
| | must hold for at least three years from the date | e of the initia | l contribution, and | which isn't required to be u | sed for | | | |
| | exempt purposes for the entire holding period? | ? | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | policy that re | equires the review o | of any nonstandard contribu | tions? | 31 | Х | |
| 32a | Does the organization hire or use third parties | or related or | ganizations to solid | cit, process, or sell noncash | | | | |
| | contributions? | | - | | | 32a | | X |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of property | for which column (a) is che | cked, | | | |
| | describe in Part II. | | | | | | | |
| 1 1 1 4 | For Denomicarly Deduction Act Nation and | Al | | | Cabadula N | | | 0004 |

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

Schedule M (Form 990) 2021

132141 11-17-21

Schedule M (Form 990) 2021 UNDER 21 Part II

Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete

this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I,

COLUMN (B) OF SCHEDULE M.

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O

(Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



13-3076376

UNDER 21

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AS THE NATION'S LARGEST PROVIDER FOR HOMELESS, RUNAWAY, TRAFFICKED, &

AT-RISK ADOLESCENT YOUTH, CHNY STRIVES TO OFFER EXTRAORDINARY CARE

THROUGH A COMPREHENSIVE RANGE OF PROGRAMS & SERVICES DESIGNED TO MEET

BASIC NEEDS & TO OFFER OPPORTUNITIES FOR GROWTH. PROGRAMS & SERVICES

INCLUDE CRISIS SHELTER, TRANSITIONAL HOUSING, RAPID RE-HOUSING AND

PERMANENT SUPPORTIVE HOUSING, MOTHER/CHILD SUPPORT, HEALTH CLINIC

(INCLUDING BEHAVIORAL HEALTH SERVICES), EDUCATIONAL & VOCATIONAL

TRAINING, ANTI-HUMAN TRAFFICKING SERVICES, LEGAL SERVICES/ADVOCACY,

YOUTH DEVELOPMENT, & MORE, ALL PROVIDED WITH COMPREHENSIVE UTILIZATION

OF TRAUMA-INFORMED AND EVIDENCE-BASED PRACTICES.

FORM 990, PART III, LINE 1:

IN 34 CITIES ACROSS SIX COUNTRIES, COVENANT HOUSE BUILDS BRIDGES TO

HOPE FOR YOUNG PEOPLE FACING HOMELESSNESS AND SURVIVORS OF HUMAN

TRAFFICKING, MEETING THEIR IMMEDIATE NEEDS FOR FOOD, CLOTHING,

PROTECTION, AND MEDICAL CARE AND SUPPORTING THEM TO ADVANCE THEIR GOALS

OF EDUCATION AND EMPLOYMENT. COVENANT HOUSE ENCOMPASSES A ROBUST

NETWORK OF "HOUSES," WITH BEST-IN-CLASS SERVICES AND A SHARED

COMMITMENT TO UNCONDITIONAL LOVE, ABSOLUTE RESPECT, AND RELENTLESS

SUPPORT FOR EACH YOUNG PERSON WHO WALKS THROUGH OUR DOORS. FOUNDED AS A

DROP-IN CENTER IN NEW YORK CITY IN 1972, COVENANT HOUSE NOW SERVES

THOUSANDS OF CHILDREN AND YOUTH EVERY YEAR IN OUR RESIDENTIAL,

OUTREACH, AND DROP-IN PROGRAMS. OUR DEDICATED STAFF ACROSS THE UNITED

STATES, GUATEMALA, HONDURAS, MEXICO, NICARAGUA, AND CANADA EMPLOY A

 STRENGTHS-BASED, TRAUMA-INFORMED PRACTICE MODEL THAT HELPS YOUNG PEOPLE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

| Schedule O (Form 990) 2021 | Page 2 |
|----------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| UNDER 21 | 13-3076376 |
| | |

DISCOVER AND DEVELOP THEIR POWER TO OVERCOME ADVERSITY NOW AND INTO THE FUTURE.

YOUNG PEOPLE ARRIVE AT COVENANT HOUSE WITH AN ARRAY OF LIVED EXPERIENCES, INCLUDING FOSTER CARE, FAMILY TRAUMA, SUBSTANCE USE, MENTAL HEALTH ISSUES, DOMESTIC VIOLENCE, SEXUAL ABUSE, AND HUMAN TRAFFICKING. YOUTH MAY COME TO US SCARRED BY ANTI-LGBTQ+ DISCRIMINATION AND VIOLENCE, OR AS PARENTS OF SMALL CHILDREN, OR PREGNANT. OUR STAFF MEET THEM WHERE THEY ARE AND ACCOMPANY THEM, THROUGH OUR HIGH-QUALITY SERVICES, ON THEIR JOURNEY TO WHOLENESS AND INDEPENDENCE.

DURING FISCAL 2022, THE WORLDWIDE COVID-19 PANDEMIC CONTINUED TO IMPACT THE NUMBER OF YOUTH COVENANT HOUSE REACHED, AS AFFILIATES PROLONGED MEASURES TO ENSURE SOCIAL DISTANCING, SET ASIDE ISOLATION ROOMS FOR SYMPTOMATIC YOUTH, AND MODIFIED STREET OUTREACH. NEVERTHELESS, IN FISCAL 2022, COVENANT HOUSE PROVIDED A TOTAL OF NEARLY 730,000 NIGHTS OF HOUSING AND SAFETY FOR, ON AVERAGE, 1,991 YOUTH EACH NIGHT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SUPPORTIVE SETTING THAT EMPHASIZES WARMTH AND COMPASSION. MANY PEOPLE WHO COME TO OUR CRISIS SHELTER HAVE EXPERIENCED SIGNIFICANT TRAUMA, INCLUDING ABUSE, TRAFFICKING, REJECTION FROM FAMILY OF ORIGIN, ETC. THE FOCUS OF CHNY'S CRISIS SHELTER IS TO ENSURE THE PROVISION OF BASIC NEEDS IN THE FORM OF FOOD, SHELTER, AND CLOTHING, ALONG WITH APPROPRIATE SUPPORT AND WRAPAROUND SERVICES SUCH AS COUNSELING, PHYSICAL/MENTAL HEALTH PROGRAMMING, LEGAL SERVICES, EDUCATION AND 132212 11-11-21 49

^{2021.05080} UNDER 21

Name of the organization

UNDER 21

13-3076376

EMPLOYMENT SERVICES, AND MORE.

MOTHER/CHILD PROGRAM -

COVENANT HOUSE NEW YORK OPERATES A SHELTER PROGRAM DESIGNED

SPECIFICALLY FOR MOTHERS & CHILDREN. THIS PROGRAM SPECIALIZES IN

ENSURING THAT THESE MOMS AND BABIES ARE RECEIVING BASIC NEEDS WHILE

MOVING TOWARD STABILITY IN A SUPPORTIVE SETTING THAT EMPHASIZES WARMTH

AND COMPASSION. MANY OF THE YOUNG PARENTS WHO COME TO THE MOTHER/CHILD

PROGRAM HAVE EXPERIENCED SIGNIFICANT TRAUMA, INCLUDING DOMESTIC

VIOLENCE, ABUSE, TRAFFICKING, REJECTION, AND ADDICTION, AND CHNY'S

FOCUS IS TO ENSURE THE PROVISION OF BASIC NEEDS IN THE FORM OF FOOD,

SHELTER, AND CLOTHING, ALONG WITH OTHER APPROPRIATE SERVICES SUCH AS

COUNSELING, PARENT TRAINING, PHYSICAL/MENTAL HEALTH, LEGAL, VOCATIONAL,

AND MORE. OUR MOTHER/CHILD PROGRAM ALSO OFFERS DAYCARE AND OTHER

SERVICES TO ENSURE THAT THE CHILDREN ARE BEING NURTURED IN A LOVING AND

HEALTHY MANNER. IN FY2022, COVENANT HOUSE NEW YORK PROVIDED SHELTER AND

SUPPORTIVE SERVICES TO 71 MOTHERS/PREGNANT YOUTH AND 45 CHILDREN.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: DEVELOPMENT OF ESSENTIAL LIFE AND EMPLOYMENT SKILLS. ROP HELPS EACH RESIDENT DEVELOP AND IMPLEMENT A PERSONAL PLAN DESIGNED TO ENSURE THAT HE OR SHE IS ACHIEVING GOALS AND MOVING TOWARD HIGHER LEVELS OF INDEPENDENCE AND SELF-SUFFICIENCY. COVENANT HOUSE NEW YORK ALSO OPERATES ROP PROGRAM DESIGNED SPECIFICALLY FOR FOT MOTHERS AND CHILDREN. IN FY2022, THIS PROGRAM SERVED 15 MOTHERSPREGNANTYOUTH AND 14 CHILDREN. IN ADDITION TO ROP, CHNY ALSO OPERATES A HUD-FUNDED TRANSITIONAL HOUSING PROGRAM. THIS PROGRAM PROVIDES THE SAME TWO-YEAR HOUSING AND SUPPORTS, BUT FOR YOUNG ADULTS AGES 18-24 YEARS OLD. IN 182212 11-11-21 50

| Name of the o | rganizatior | UNDER | 21 | | | | | | | Employer identification numbe $13 - 3076376$ |
|---------------|-------------|----------|--------|--------|---------|-------|-----|----------|--------|--|
| FY2022, | CHNY | SERVED | 59 | YOUTH | THROUGH | THIS | HUE | D-FUNDED | PROGRA | AM. |
| FORM 99 | 0. PAF | איד דיד. | T. T.N | JE 4C. | PROGRAM | SERVI | CE | ACCOMPL | SHMEN | TS: |

AND RESPONSE TO THE CORONAVIRUS PANDEMIC, IN ORDER TO PROTECT ALL YOUTH AND STAFF FROM COVID WHILE REMAINING OPEN 24 HOURS A DAY. TO CONTINUE TO PROVIDE SHELTER AND SERVICES, CHNY EFFECTS A RIGOROUS CLEANING SCHEDULE, ENSURING THAT ALL STAFF AND YOUTH RECEIVE MASKS AND PERSONAL PROTECTIVE EQUIPMENT, AND RESTRUCTURED SOME SPACE WITHIN THE BUILDING TO ALLOW FOR ISOLATION/QUARANTINE FOR YOUTH WHO TEST POSITIVE FOR THE VIRUS. CHNY HAS PROVIDED FREE COVID TESTING FOR ALL YOUTH, STAFF, AND THE WIDER COMMUNITY SINCE THE ONSET OF THE PANDEMIC. NON-ESSENTIAL STAFF HAVE WORKED REMOTELY SINCE MARCH 2020, IN ORDER TO CREATE A SAFER SPACE AT OUR SHELTER AND PROMOTE SOCIAL DISTANCING. CHNY HAS ALSO BEEN PROVIDING THE MODERNA COVID-19 VACCINE AT ITS FQHC SINCE JANUARY OF 2021 AND WILL CONTINUE TO DO SO INDEFINITELY. 100% OF CHNY STAFF HAVE BEEN VACCINATED OR HAVE AN EXEMPTION. CHNY CONTINUES ITS ONGOING PLAN TO PROTECT ALL STAFF AND YOUTH FROM THE EFFECTS OF THE CORONAVIRUS, NOT ONLY THROUGH ITS HEALTH CENTER, BUT IN ALL PROGRAMMING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RAPID RE-HOUSING AND PERMANENT HOUSING -

CHNY OPERATES MULTIPLE PERMANENT HOUSING PROGRAMS. OUR NEW COVENANT

PROGRAM, ESTABLISHED IN 2014, PROVIDES 27 APARTMENT PLACEMENTS

VOUCHERS FOR AFFORDABLE HOUSING - FOR YOUNG ADULTS WHO ARE DIAGNOSED

WITH A MENTAL HEALTH DISORDER. IN FY2022, THIS PROGRAM HAD LITTLE TO NO

VACANCY. YOUNG ADULTS IN THIS PROGRAM RECEIVE INTENSIVE SOCIAL WORK AND

CASE MANAGEMENT SUPPORTS, MENTAL AND MEDICAL HEALTH TREATMENT VIA OUR

 FEDERALLY QUALIFIED HEALTH CENTER, AND REFERRALS TO ADDITIONAL SUPPORTS

 132212 11-11-21
 Schedule O (Form 990) 2021

 51
 51

| Schedule O (Form 990) 2021 | Page 2 |
|--|---|
| Name of the organization UNDER 21 | Employer identification number 13-3076376 |
| | 10 00,00,0 |
| WHEN NEEDED. CHNY ALSO OPERATES FAMILY COVENANT, WHICH IS | A PERMANENT |
| HOUSING PROGRAM FOR FAMILIES, IN OPERATION SINCE 2018. THI | S PROGRAM |
| PROVIDES 30 APARTMENT PLACEMENTS FOR YOUNG ADULTS AND THEI | R CHILDREN, |
| AS WELL AS EVIDENCE-BASED INTERVENTIONS THAT PROMOTE POSIT | IVE PARENTING |
| MODELS FOR YOUNG PARENTS. IN FY2022, 35 ADULTS AND 47 CHIL | DREN WERE |
| SERVED IN THIS PROGRAM. | |

CHNY ALSO OPERATES A HUD-FUNDED RAPID RE-HOUSING PROGRAM. THIS IS A NEW PROGRAM THAT BEGAN OPERATION IN LATE 2019. IT PROVIDES APARTMENT PLACEMENTS FOR 50 YOUTH (AND THEIR CHILDREN, IF APPLICABLE), WITH THE SAME WRAPAROUND AND SUPPORT SERVICES PROVIDED TO OUR OTHER PERMANENT HOUSING PROGRAMS. IN FY2022, CHNY PROVIDED HOUSING AND SUPPORT SERVICES TO 31 YOUTH THROUGH THIS PROGRAM. EXPENSES \$ 4,229,416. INCLUDING GRANTS OF \$ 1,771,513. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE CORPORATE MEMBER OF UNDER 21 D/B/A COVENANT HOUSE NEW YORK IS ITS PARENT ORGANIZATION, COVENANT HOUSE, D/B/A COVENANT HOUSE INTERNATIONAL.

FORM 990, PART VI, SECTION A, LINE 7A:

UNDER 21 D/B/A COVENANT HOUSE NEW YORK'S PARENT ORGANIZATION, COVENANT

HOUSE INTERNATIONAL HAS THE RIGHT TO ELECT OR APPOINT OFFICERS OF

ORGANIZATION'S BOARD OF DIRECTORS AND OFFICERS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING DECISIONS FOR THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY

UNDER 21 D/B/A COVENANT HOUSE NEW YORK'S PARENT ORGANIZATION, COVENANT

HOUSE INTERNATIONAL (CHI) – AMENDMENT OR REPEAL OF THE CERTIFICATE OF 132212 11-11-21 Schedule O (Form 990) 2021

17030511 756359 1176300.509

| Schedule O (Form 990) 2021 | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| UNDER 21 | 13-3076376 |
| INCORPORATION AND BY-LAWS, INCREASE OR DECREASE IN THE NUM | BER OF BOARD OF |
| DIRECTORS, APPOINT/REMOVE MEMBERS OF THE BOARD AND THE OFF | ICERS, |
| COMPENSATION OF THE EXECUTIVE DIRECTOR, USE OF CHI'S NAME, | LOGO AND OTHER |
| OF ITS TRADEMARKED NOMENCLATURE, AND OTHER LAWFUL ACTS OR | ACTIONS WITH |
| RESPECT UNDER 21'S BUSINESS, AFFAIRS, MANAGEMENT, PROPERTI | ES OR ACTIVITIES. |

FORM 990, PART VI, SECTION B, LINE 11B:

UNDER 21 D/B/A COVENANT HOUSE NEW YORK HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL, AND THE FINANCE COMMITTEE OF THE ORGANIZATION FOR ANY COMMENTS AND A MEETING/CONFERENCE CALL IS CONVENED. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING. ONCE APPROVED, IT GETS DISTRIBUTED TO THE ENTIRE BOARD, AND IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES ANNUAL DISCLOSURE AND AFFIRMATION OF THE CONFLICT OF INTEREST POLICY BY ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE DISCLOSURE STATEMENT REQUIRED EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE TO DISCLOSE ANY BUSINESS OR PERSONAL INTERESTS, DIRECT OR INDIRECT, THAT THE PERSON MAY HAVE IN AN ORGANIZATION THAT COMPLETES WITH OR DOES BUSINESS WITH COVENANT HOUSE NEW YORK, COVENANT HOUSE INTERNATIONAL OR ANY OTHER ORGANIZATION BUSINESS/AGENCY AFFILIATED WITH COVENANT HOUSE INTERNATIONAL. IF A CONFLICT IS DETERMINED TO EXIST, IT MUST BE REPORTED AND ADDRESSED TO Schedule O (Form 990) 2021

17030511 756359 1176300.509

| Name of the organization Employer identification number 13-3076376 THE SATISFACTION OF THE ORGANIZATION. ANY OTHER PERSON HAVING A CONFLICT, AND ATTENDING SAID MEETING, SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OR COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION. ANY INTERESTED DIRECTOR SHALL ALSO ABSTAIN DURING SUCH VOTE. THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION OR VOTE AND DID NOT VOTE. A SUMMARY OF THE |
|---|
| THE SATISFACTION OF THE ORGANIZATION. ANY OTHER PERSON HAVING A CONFLICT, AND ATTENDING SAID MEETING, SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OR COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION. ANY INTERESTED DIRECTOR SHALL ALSO ABSTAIN DURING SUCH VOTE. THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT |
| AND ATTENDING SAID MEETING, SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OR COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION. ANY INTERESTED DIRECTOR SHALL ALSO ABSTAIN DURING SUCH VOTE. THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT |
| OR COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION. ANY INTERESTED DIRECTOR SHALL ALSO ABSTAIN DURING SUCH VOTE. THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT |
| DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION. ANY INTERESTED DIRECTOR SHALL ALSO ABSTAIN DURING SUCH VOTE. THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT |
| INTERESTED DIRECTOR SHALL ALSO ABSTAIN DURING SUCH VOTE. THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT |
| MEETING OF THE BOARD OR COMMITTEE SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT |
| INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT |
| |
| DURING THE FINAL DISCUSSION OF VOTE AND DID NOT VOTE, A SUMMARY OF THE |
| Southe find finder Streegebook of vote has bib her vote, in softwart of find |
| ANNUAL CONFLICTS OF INTEREST AND COPIES OF THE CONFLICTS OF INTEREST |
| REPORTS FROM THE DIRECTORS, EXECUTIVE DIRECTOR, AND OFFICERS OF THE |
| ORGANIZATION ARE ALSO SENT TO THE PARENT ORGANIZATION, COVENANT HOUSE |
| INTERNATIONAL. THE PARENT, COVENANT HOUSE INTERNATIONAL ALSO ENSURES THE |
| ANNUAL CONFLICTS OF INTEREST REPORTS ARE ACCOMPLISHED FOR EACH AFFILIATE |
| AND THAT THE REQUIRED INFORMATION IS SENT TO THEM. |

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE COMPENSATION COMMITTEE (I.E. EXECUTIVE COMMITTEE) WORKING IN CONJUNCTION WITH THE PRESIDENT OF COVENANT HOUSE INTERNATIONAL (PARENT). A SALARY STRUCTURE AND RANGE WERE DETERMINED USING A COMPENSATION COMMITTEE AND INDEPENDENT CONSULTANT FOR THE EXECUTIVE DIRECTOR. FACTORS CONSIDERED WERE THE SIZE OF THE AGENCY BUDGET, PROGRAM SIZE AND COMPLEXITY, LOCAL MARKET COMPATIBILITY, AND THE COST OF LIVING, WITH COMPENSATION APPROVED BY THE CHNY BOARD OF DIRECTORS.

COMPENSATION OF THE OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS COMPARED TO OTHER SIMILAR ORGANIZATIONS, FORM 990S, COMPARABLE SALARY DATA AND SURVEYS. COMPENSATION IS DETERMINED BY THE EXECUTIVE DIRECTOR AND THE 132212 11-11-21 Schedule O (Form 990) 2021 54 Name of the organization

UNDER 21

BOARD OF DIRECTORS VIA THE BUDGET PROCESS.

RECORDS OF EXECUTIVE COMMITTEE'S COMPENSATION DECISIONS ARE MAINTAINED IN THE COVENANT HOUSE INTERNATIONAL (PARENT) HUMAN RESOURCES DEPARTMENT

RECORD. THIS PROCESS WAS LAST UNDERTAKEN IN FISCAL YEAR 2022.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON ITS WEBSITE. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALL AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT 460 WEST 41ST STREET, NEW YORK, NY 10036.

FORM 990, PART VII, SECTION A

COMPENSATION PAID TO THE EXECUTIVE DIRECTOR: PLEASE NOTE THAT THE EXECUTIVE DIRECTOR AS A RELIGIOUS MEMBER OF THE CONGREGATION OF NOTRE DAME (THE ORDER), HAS TAKEN A VOW OF POVERTY AND IS PROVIDED WITH ZERO (0) COMPENSATION FROM THE ORGANIZATION. ALL COMPENSATION THAT WOULD HAVE BEEN PAID TO THE EXECUTIVE DIRECTOR ON BEHALF OF SERVICES PROVIDED TO THE ORGANIZATION IS INSTEAD PAID TO THE CONGREGATION OF NOTRE DAME RATHER THAN THE INDIVIDUAL. THE AMOUNT PAID TO THE CONGREGATION OF NOTRE DAME IN CALENDAR YEAR 2021 WAS \$200,626.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST-371,728.LOSS ON DISPOAL OF FIXED ASSETS-203,121.TOTAL TO FORM 990, PART XI, LINE 9-574,849.

132212 11-11-21

| Schedule O (Form 990) 2021 | Page 2 |
|--|--------------------------------|
| Name of the organization UNDER 21 | Employer identification number |
| FORM 990, PART XII, LINE 2C: | 10 00,00,0 |
| | |
| THE ORGANIZATION'S FINANCE COMMITTEE OF THE BOARD ASSUMES | |
| RESPONSIBILITY FOR THE OVERSIGHT OF THE ANNUAL AUDIT. THE | |
| THE INDEPENDENT AUDITOR IS ACCOMPLISHED BY COVENANT HOUSE | PARENT'S |
| AUDIT COMMITTEE OF THE BOARD. THE CHNY TREASURER PARTICIPA | TES IN THE |
| SELECTION PROCESS AND INFORMS THE CHNY FINANCE COMMITTEE C | F THE PROCESS |
| AND SELECTION. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 132212 11-11-21 | Schedule O (Form 990) 2021 |

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

UNDER 21

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|----------------------------|----------------------------------|--|
| | - | | | | |
| | - | | | | |
| | - | | | | |
| | - | | | | |

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | cont | g) 512(b)(13) trolled tity? |
|---|--------------------------------|---|-------------------------------|---|-------------------------------------|------|---|
| | | | | 501(c)(3)) | | Yes | No |
| COVENANT HOUSE - 13-2725416 | | | | | | | |
| 5 PENN PLAZA | | | | | | | |
| NEW YORK, NY 10001 | HUMANITARIAN | NEW YORK | 501(C)3 | LINE 7 | N/A | | Х |
| COVENANT HOUSE ALASKA - 13-3419755 | | | | | | | |
| 755 A STREET | | | | | | | |
| ANCHORAGE, AK 99501 | HUMANITARIAN | ALASKA | 501(C)3 | LINE 7 | COVENANT HOUSE | | х |
| COVENANT HOUSE CALIFORNIA - 13-3391210 | | | | | | | |
| 1325 NORTH WESTERN AVENUE | | | | | | | |
| HOLLYWOOD, CA 90027 | HUMANITARIAN | CALIFORNIA | 501(C)3 | LINE 7 | COVENANT HOUSE | | х |
| COVENANT HOUSE FLORIDA - 59-2323607 | | | | | | | |
| 733 BREAKERS AVENUE | | | | | | | |
| FORT LAUDERDALE, FL 33304 | HUMANITARIAN | FLORIDA | 501(C)3 | LINE 7 | COVENANT HOUSE | | х |

57

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

Schedule R (Form 990) 2021



Open to Public Inspection

Employer identification number

13-3076376

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | contr | g) 512(b)(13) rolled zation? |
|--|--------------------------------|---|-------------------------------|---|--|-------|--|
| COVENANT HOUSE GEORGIA - 13-3523561 | | | | 501(c)(3)) | | Yes | No |
| 1559 JOHNSON ROAD NW | - | | | | | | |
| | | GEORGIA | 501(C)3 | LINE 7 | COVENNME HOUGE | | v |
| ATLANTA, GA 30318 | HUMANITARIAN | GEORGIA | 501(C)3 | LINE / | COVENANT HOUSE | | X |
| COVENANT HOUSE ILLINOIS - 81-2061485 | _ | | | | | | |
| 2934 W. LAKE STREET | | | E01(0)2 | TTNE 7 | COVENNME HOUGE | | v |
| CHICAGO, IL 60612 | HUMANITARIAN | ILLINOIS | 501(C)3 | LINE 7 | COVENANT HOUSE | | X |
| COVENANT HOUSE MICHIGAN - 38-3351777 | _ | | | | | | |
| 2959 MARTIN LUTHER KING JR BLVD | | | 501 (3) 3 | | | | 37 |
| DETROIT, MI 48208 | HUMANITARIAN | MICHIGAN | 501(C)3 | LINE 7 | COVENANT HOUSE | | X |
| COVENANT HOUSE MISSOURI - 43-1821599 | _ | | | | | | |
| 2727 NORTH KINGSHIGHWAY BLVD | _ | | | | | | |
| ST. LOUIS, MO 63113 | HUMANITARIAN | MISSOURI | 501(C)3 | LINE 7 | COVENANT HOUSE | | X |
| COVENANT HOUSE NEW JERSEY - 13-3537710 | _ | | | | | | |
| 330 WASHINGTON STREET | _ | | | | | | |
| NEWARK, NJ 07102 | HUMANITARIAN | NEW JERSEY | 501(C)3 | LINE 7 | COVENANT HOUSE | | X |
| COVENANT HOUSE NEW ORLEANS - 58-1669937 | | | | | | | |
| 611 NORTH RAMPART STREET | | | | | | | |
| NEW ORLEANS, LA 70112 | HUMANITARIAN | LOUISIANA | 501(C)3 | LINE 7 | COVENANT HOUSE | | Х |
| COVENANT HOUSE PENNSYLVANIA - 23-3003176 | | | | | | | |
| 31 EAST ARMAT STREET | | | | | | | |
| PHILADELPHIA, PA 19144 | HUMANITARIAN | PENNSYLVANIA | 501(C)3 | LINE 7 | COVENANT HOUSE | | Х |
| COVENANT HOUSE TEXAS - 76-0050882 | | | | | | | |
| 1111 LOVETT BLVD | | | | | | | |
| HOUSTON, TX 77006 | HUMANITARIAN | TEXAS | 501(C)3 | LINE 7 | COVENANT HOUSE | | х |
| COVENANT HOUSE WASHINGTON - 13-3537709 | | | | | | | |
| 2001 MISSISSIPPI AVENUE SE | | | | | | | |
| WASHINGTON, DC 20020 | HUMANITARIAN | DISTRICT OF COLUMBIA | 501(C)3 | LINE 7 | COVENANT HOUSE | | х |
| COVENANT HOUSE WESTERN AVENUE - 95-4395845 | | | | | | | |
| 1325 N WESTERN AVENUE | | | | | | | |
| HOLLYWOOD, CA 90027 | HOLDING CO | CALIFORNIA | 501(C)3 | LINE 12A, I | COVENANT HOUSE | | Х |
| COVENANT INTERNATIONAL FOUNDATION - | | | | | | | |
| 13-3124706, 5 PENN PLAZA, NEW YORK, NY | 7 | | | | | | 1 |
| 10001 | HOLDING CO | DELAWARE | 501(C)3 | LINE 7 | COVENANT HOUSE | | x |
| TESTAMENTUM - 23-7326634 | | | | | | | |
| 5 PENN PLAZA | | | | | | | 1 |
| NEW YORK, NY 10001 | HOLDING CO | NEW YORK | 501(C)3 | LINE 10 | COVENANT HOUSE | | x |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | contr | g) 512(b)(13) rolled zation? |
|---|--------------------------------|---|-------------------------------|---|-------------------------------------|-------|---------------------------------------|
| CH PENNSYLVANIA UNDER-21 HOLDINGS, INC | | | | | | 103 | |
| 82-1519205, 31 EAST ARMAT STREET, | - | | | | COVENANT HOUSE | | |
| PHILADELPHIA, PA 19144 | HOLDING CO | PENNSYLVANIA | 501(C)3 | LINE 12A, I | PENNSYLVANIA | | х |
| YOUTH VISION SOLUTIONS - 27-1855040 | | | | | | | |
| 2959 MARTIN LUTHER KING JR BLVD | - | | | | COVENANT HOUSE | | |
| DETROIT, MI 48208 | SCHOOL MGMT | MICHIGAN | 501(C)3 | LINE 7 | MICHIGAN | | x |
| COVENANT HOUSE CONNECTICUT - 13-3330953 | | | | | | | |
| C/O COVENANT HOUSE, 5 PENN PLAZA | - | | | | | | |
| NEW YORK, NY 10001 | HUMANITARIAN | CONNECTICUT | 501(C)3 | LINE 7 | COVENANT HOUSE | | х |
| COVENANT HOUSE CHICAGO - 13-3386635 | | | | | | | |
| C/O COVENANT HOUSE, 5 PENN PLAZA | - | | | | | | |
| NEW YORK, NY 10001 | - HUMANITARIAN | ILLINOIS | 501(C)3 | PF | COVENANT HOUSE | | х |
| 268 WEST 44TH CORPORATION - 13-2874450 | | | | | | | |
| C/O COVENANT HOUSE, 5 PENN PLAZA | - | | | | | | |
| NEW YORK, NY 10001 | HOLDING CO | NEW YORK | 501(C)2 | | COVENANT HOUSE | | х |
| RIGHTS OF PASSAGE INC - 13-3549405 | | | | | | | |
| C/O COVENANT HOUSE, 5 PENN PLAZA | - | | | | | | |
| NEW YORK, NY 10001 | HUMANITARIAN | DELAWARE | 501(C)3 | LINE 7 | COVENANT HOUSE | | х |
| UNDER 21 BOSTON INC - 04-2790593 | | | | | | | |
| C/O COVENANT HOUSE, 5 PENN PLAZA | - | | | | | | |
| NEW YORK, NY 10001 | HUMANITARIAN | MASSACHUSETTS | 501(C)3 | LINE 12A, I | COVENANT HOUSE | | х |
| COVENANT HOUSE TORONTO | | | | | COVENANT | | |
| 20 GERRARD STREET EAST | - | | | | INTERNATIONAL | | |
| TORONTO, CANADA, CANADA M5B 2P3 | HUMANITARIAN | CANADA | | | FOUNDATION | | х |
| COVENANT HOUSE VANCOUVER | | | | | COVENANT | | |
| 575 DRAKE STREET | - | | | | INTERNATIONAL | | |
| VANCOUVER, CANADA, CANADA V6B 4K8 | HUMANITARIAN | CANADA | | | FOUNDATION | | х |
| ASOCIACION LA ALIANZA GUATEMALA | | | | | COVENANT | | |
| 13 AVENIDA 00-37 ZONA 2 COLONIA LA ESCUADRIL | - | | | | INTERNATIONAL | | |
| MIXCO, GUATEMALA, GUATEMALA | HUMANITARIAN | GUATEMALA | | | FOUNDATION | | х |
| CASA ALIANZA DE HONDURAS | | | | | COVENANT | | |
| CORNER OF ARDA CERVANTES Y MORELOS | 1 | | | | INTERNATIONAL | | 1 |
| TEGUCIGALPA, HONDURAS, HONDURAS | - HUMANITARIAN | HONDURAS | | | FOUNDATION | | x |
| CASA ALIANZA NICARAGUA | | | | | COVENANT | | |
| EDIFFICIO CONRAD N HILTON COSTADO ESTE DEL M | 1 | | | | INTERNATIONAL | | 1 |
| MANAGUA, NICARAGUA, NICARAGUA | - HUMANITARIAN | NICARAGUA | | | FOUNDATION | | x |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | Section s cont organi | g) 512(b)(13 rolled zation? |
|--|--------------------------------|---|-------------------------------|--|--|-----------------------------|---|
| | | | | 501(c)(3)) | | Yes | No |
| FUNDACION CASA ALIANZA MEXICO IAP | | | | | COVENANT | | |
| PLAZA DE LAS FUENTES 116 COL | | | | | INTERNATIONAL | | |
| MEXICO DF, MEXICO, MEXICO | HUMANITARIAN | MEXICO | | | FOUNDATION | | Х |
| CASA ALIANZA INTERNACIONAL | | | | | COVENANT | | |
| C/O COVENANT HOUSE, 5 PENN PLAZA | | | | | INTERNATIONAL | | |
| NEW YORK, NY 10001 | HUMANITARIAN | COSTA RICA | | | FOUNDATION | | х |
| CH HOUSING DEVELOPMENT FUND CORPORATION - | | | | | | | |
| 83-4124396, C/O COVENANT HOUSE, 5 PENN | PROVIDING TRANSITIONAL | | | | | | |
| PLAZA, NEW YORK, NY 10001 | HOUSING | NEW YORK | 501(C)3 | LINE 12A, I | COVENANT HOUSE | | х |
| | | | | , | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | - | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | _ | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| | | | | | | | - | | r | - | |
|--|------------------|---|------------------------------|---|-----------------------|-----------------------------------|-------|---------------------|---------------------------------|----------------|------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | l) (ł | h) | (i) | (j) | (k) |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | 1 | ortionate tions? | amount in box 20 of Schedule | manag partn | |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | lo |
| COVENANT HOUSE ILLINOIS | | | | | | | | | | | |
| QALICB LLC - 85-3857238, 2934 |] | | | | | | | | | | |
| W. LAKE STREET, CHICAGO, IL | DEVELOP | | COVENANT HOUSE | | | | | | | | |
| 60612 | PROPERTY | IL | ILLINOIS | RELATED | 0. | ٥. | | x | N/A | | .00% |
| | | | | | | | | | | | |
| CHGA CHI LEVERAGE LENDER, LLC | | | | | | | | | | | |
| - 85-3539993, 1559 JOHNSON | DEVELOP | | COVENANT HOUSE | | | | | | | | |
| ROAD NW, ATLANTA, GA 30318 | PROPERTY | GA | GEORGIA | RELATED | 0. | 0. | | x | N/A | | .00% |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (C) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i Sec 512(t contr ent | (i) ction b)(13) rolled tity? |
|---|--------------------------------|---|--|--|--|---|---------------------------------------|------------------------------------|---|
| | | country) | | | | 400010 | | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Schedule R (Form 990) 2021 UNDER 21

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|-----|--|----|-----|----|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | Х |
| | Gift, grant, or capital contribution to related organization(s) | 1b | X | |
| | Gift, grant, or capital contribution from related organization(s) | 1c | X | |
| | Loans or loan guarantees to or for related organization(s) | 1d | | Х |
| | Loans or loan guarantees by related organization(s) | 1e | | Х |
| | | | | |
| f | Dividends from related organization(s) | 1f | | Х |
| g | Sale of assets to related organization(s) | 1g | | Х |
| | Purchase of assets from related organization(s) | 1h | | Х |
| i | Exchange of assets with related organization(s) | 1i | | Х |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | Х |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | X | |
| | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | Х |
| | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | Х |
| | Sharing of paid employees with related organization(s) | 10 | X | |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | X | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | Х |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | Х |
| S | Other transfer of cash or property from related organization(s) | 1s | | X |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|---|-------------------------------|--|
| (1) | | | |
| <u>(2)</u> | | | |
| (3) | | | |
| (4) | | | |
| <u>(5)</u> | | | |
| _(6) | | | |

Schedule R (Form 990) 2021 UNDER 21

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) | (b) | (c) | (d) | (6 | a) | (f) | (g) | (۲ | n) | (i) | (j) | | (k) |
|------------------------|------------------|-------------------|----------------------|-------------------------------------|--------------|----------|-------------|-----------------|---------------------|--|------------------|----------|----------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income | (€ Are partne 501(i org | all | Share of | Share of | Dispr tior | • , opor- | Code V-UBI | Genera | l or Per | rcentage |
| of entity | | (state or foreign | (related, unrelated, | 501(| c)(3) s ? | total | end-of-year | tion allocat | iate tions? | amount in box 20 | manag | ing ow | vnership |
| - | | country) | | Yes | | income | assets | Yes | No | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Yes | NO | |
| | | | , | 100 | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | 1 | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | _ | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | _ | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | $\left \right $ | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

132165 11-17-21

17030511 756359 1176300.509