TIN: 45-5018663 OMB No. 1545-0047

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

62,908

157,248

101,406

29,085

72,321

Beginning of Current Year

72,690

180,578

73,470

158,635

12,844

145,791

End of Year

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Internal Revenue Service For the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021 D Employer identification number B Check if applicable: Barnabas Movement Inc O Address change 45-5018663 O Name change Doing business as O Initial return ☐ Final return/terminate E Telephone number O Amended return Number and street (or P.O. box if mail is not delivered to street address) 1215 Garfield Ave O Application pending City or town, state or province, country, and ZIP or foreign postal code Topeka, KS 66604 **G** Gross receipts \$ 345,469 F Name and address of principal officer: **H(a)** Is this a group return for Kevin Christiansen Yes Vo subordinates? H(b) Are all subordinates ☐ Yes ☐No included? Tax-exempt status: 501(c)(3) □ 527 4947(a)(1) or If "No," attach a list. See instructions. 501(c) () ◀ (insert no.) **H(c)** Group exemption number ▶ J Website: M State of legal domicile: KS L Year of formation: 2012 K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: Provide a cafe/concert venue where students from the community can connect with adult mentors. These mentors will help develop a positive environment where students feel safe and can receive spiritual guidance, for which the goal is to change youth culture through Activities & Governance relationships 2 Check this box ▶ □ Number of voting members of the governing body (Part VI, line 1a) . . . 5 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2021 (Part V, line 2a) 13 35 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 . 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 43,852 97,156 Revenue Program service revenue (Part VIII, line 2g) . 0 **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 37 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 109,237 156,855 153,097 254,048 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 4,309 619 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 93,721 103,579 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) **b**0

Signature Block

Assets or d Balances

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20 .

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

any knowledge.						
_					2022-11-03	
Sign	gnature of officer				Date	
	vin Christensen Executive Direc					
Тур	pe or print name and title					
aid	Print/Type preparer's name	Preparer's	signature	Date 2022-11-08	Check / if self-employed	PTIN P01478512
reparer	Firm's name Michael W D	river CPA LLC			Firm's EIN ► 8	32-1520537
se Only	Firm's address ► 3601 SW 29t	th St Suite 119			Phone no. (78	5) 409-7106
	Topeka, KS	66614				
	cuss this return with the prep					. Ves 🗆 No
or Paperwork	Reduction Act Notice, see	the separate inst	ructions.	Cat. N	lo. 11282Y	Form 990 (202
			—— Page 2 ————			
orm 990 (2021)) atement of Program Se	mvice Accomplis	hmonto			Page
	eck if Schedule O contains a	-				
	scribe the organization's miss		any line in this Fait iii .	<u> </u>	<u> </u>	0
	oncert venue where students					
ivironment whe	ere students feel safe and ca	n receive spiritual gi	uidance, for which the goa	al is to change	youth culture	through relationships.
Did the org	ganization undertake any sig	nificant program ser	vices during the year whi	ch were not lis	ted on	
the prior F	form 990 or 990-EZ?					🗆 Yes 🔽 No
If "Yes," de	escribe these new services or	n Schedule O.				
•	ganization cease conducting,		changes in how it conduc	ts, any progra	m	
services?	,			,, p 3		. 🗆 Yes 🗸 No
	escribe these changes on Sch	hadula O				. Cres Cito
_	•				_	
	he organization's program se)1(c)(3) and 501(c)(4) organ					
	ue, if any, for each program			granto ana am		rerey and total expenses,
a (Code:) (Expenses \$	180,578	including grants of \$) (Revenue \$)
	provide students a free lunch to	•		hurches where th		ut life issues. Barnabas cafe -
	environment to connect youth an ob skill training/community hours		uth pastors. A total of 14,574	students were se	erved. We had 3	5 volunteers, 2,694 hours total
- Hamber of J	ob skill training/community flours	••				
b (Code:) (Expenses \$		including grants of \$) (Revenue \$)
	vents and art galery - provide stud free art gallery.	dents with a safe, positi	ve environment to connect wi	th students and	develop relation	ships. Many students displayed art
work in the	rree art gallery.					
C (Code:) (Expenses \$		including grants of \$) (Revenue \$)
	, (P 1				, , , , , , ,	,
Id Other prog (Expenses	gram services (Describe in So s \$	chedule O.) including grants of	· s) (Revenue s	5)
	gram service expenses	180,	·) (Revenue s	r	J
		===				Form 990 (202
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rm 990 (2021))					Page
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1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\it M}$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pai	· ·			
	Check if Schedule O contains a response or note to any line in this Part V	· i	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		. 00	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Yes	

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Statements regarding Other the Finnes and Tax Compilance (Continued) 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by 13 2b Yes If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . 3a No If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . 3h At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a Nο financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . Nο Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Nο 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 50 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a No solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6b 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 7a No If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c No If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f No Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7**q** No If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h No Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . 9b 10 Section 501(c)(7) organizations. Enter: 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 Section 501(c)(12) organizations. Enter: 11a а Gross income from other sources. (Do not net amounts due or paid to other sources 11b 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. 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? . 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 13h Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . 14a No 14b **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 parachute payment(s) during the year? . No If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . 16 No 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 17

that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . .

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	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	lo" resp	onse to	Page (
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	1
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		No
	List the states with which a copy of this Form 990 is required to be filed			
17 18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	✓ Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			

State the name, address, and telephone number of the person who possesses the organization's books and records:
►Kevin Christiansen 1215 Garfield Ave — Toneka KS 66604 (785) 806-4999

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	. \square
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

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

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Check this box if neither the organization no	r any related or	ganizat	ion c	omp	ens	ated a	ny c	current officer, direc	tor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of tor/t	t che unles ficer	ss pers and a ee)	son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations
(1) Kevin Christiansen	40.00	х		Х				21,250	0	0
Executive Director	0.00									
(2) Mark Doss	1.00	x						0	0	0
Director	0.00	,						Ŭ		
(3) Jeff Winter	1.00	x						0	0	0
Director	0.00	Λ						Ü		- U
(4) Debbie Christiansen	40.00	x		Х				0	0	0
Secretary	0.00	,		,				Ŭ		
(5) Tom Lindsey	1.00	x		Х				0	0	0
Chairman	0.00	^						, and the second		
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					Page	e 8								
	990 (2021) t VII	tors, Trustees	s. Ke	v Emp	love	ees,	and	Hial	nes	t Compensate	d Emplovees (c	ontin	nued)	Page 8
ı dı	(A)	(B)	, 110 ₁	,	(C					(D)	(E)	1	(F)	
	Name and title	Average hours per week (list any hours	thar	ition (d n one b s both dired	lo no ox, i an of	ot ch unle ffice	ss per	rson		Reportable compensation from the ganization (W-	Reportable compensation from related organizations (W	-	Estima mount o compens from t	ted f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MI	2/1099- ISC/1099-NEC)	2/1099- MISC/1099-NEC))	rganizati relate organiza	ed
			<u> </u>											
			<u> </u>		-									
			<u> </u>											
			<u> </u>		-									
								+						
					-									
	Sub-Total		-	- -	•		•							
-	otal from continuation sheets to P otal (add lines 1b and 1c)	art VII, Section	A . 				*			21,250	0			0
2	Total number of individuals (including of reportable compensation from the			ose list	ed a	ibov	e) wh	o rece	eive	d more than \$10	00,000			
3	Did the organization list any former line 1a? If "Yes," complete Schedule				ey e	mplo	oyee,	or hi	ghes	st compensated	employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual										the			
5	Did any person listed on line 1a recei services rendered to the organization									anization or indi	vidual for	5		No No
Se	ection B. Independent Contract						-					,		140

(A)
Name and business address

(B)
Description of services

Compensation

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

Less: cost or other basis and sales expenses

7b

				Form 990 (2021
	Page 9			
Form 990 (2021)				Page 9
Part VIII Statement of Revenue				
Check if Schedule O contains a response or note to ar				<u>U</u>
	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Federated campaigns 1a Contributions, Sifts Grants and Membership dues 1b OtherAmt				,
Similar AMoUHRStraising events 1c				
d Related organizations 1d				
e Government grants (contributions) 48,375 f All other contributions, gifts, grants, and similar amounts not included above				
48,781 g Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f				
Business Code	ь			
2a				
9				
a,				
<u>2</u>				
Service Revenue				
Program				
f All other program service revenue.				
9 Total. Add lines 2a–2f ▶	_			
3 Investment income (including dividends, interest, and other similar amounts)	37	37		
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
(i) Real (ii) Personal				
6a Gross rents 6a				
b Less: rental expenses 6b				
c Rental income or (loss)	<u> </u>			
d Net rental income or (loss)	 			
7a Gross amount from sales of assets other (i) Securities (ii) Other 7a	-			
than inventory				

c Gain or (loss) 7c					
d Net gain or (loss)		1			
of contributions reported on line 1c). See Part IV, line 18					
c Net income or (loss) from fundraising ex	rents				
Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b					
c Net income or (loss) from gaming activity	ies 🕨				
10aGross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inven	91,421	156,855	156,855		
Miscellaneous Revenue	Business Code				
b					
d All other revenue e Total. Add lines 11a-11d	•				
12 Total revenue. See instructions		254,048	156,892	0	0
_		,0 .0		<u> </u>	Form 990 (2021)

———— Page 10 ———

Form 990 (2021) Page **10**

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organization	ons must complete c	olumn (A).
Check if Schedule O contains a response or note to a	ny line in this Part IX			\square
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,309	4,309		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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, trustees, and key employees	21,250	21,250		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	73,041	73,041		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	9,288	9,288		
11 Fees for services (non-employees):				
a Management				
b Legal				
• Accounting	1 060	4 060		

,	ALLUI	anung		+,505		4,707				
C	Lobby	ying								
•	Profe	ssional fundraising services. See Part IV, line 17								
f	Inves	tment management fees								
ç		r (If line 11g amount exceeds 10% of line 25, columount, list line 11g expenses on Schedule O)	ımn							
12	Adve	rtising and promotion		5,052		5,052				
13	Office	e expenses		16,939		16,939				
14	Infor	mation technology								
15	Royal	ties								
16	Occup	pancy		19,650		19,650				
17	Trave			711		711				
18		ents of travel or entertainment expenses for any al, state, or local public officials .								
19	Confe	erences, conventions, and meetings								
20	Intere	est								
21	Paym	ents to affiliates								
	•	eciation, depletion, and amortization		8,044		8,044				
		ance		4,732		4,732				
		expenses. Itemize expenses not covered above (/Lict	1,732		1,732				
27	misce	ellaneous expenses in line 24e. If line 24e amount eds 10% of line 25, column (A) amount, list line 2	:							
		nses on Schedule O.) all tools		1,554		1,554				
	اااد ت	uii (0013		1,554		1,334				
	b Staf	ff development		6,249		6,249				
	c Cafe	e supplies		3,414		3,414				
	d									
		other expenses		1,376		1,376				
		I functional expenses. Add lines 1 through 24e	180,578		180,578			0	0	
	repor educa	costs. Complete this line only if the organization ted in column (B) joint costs from a combined ational campaign and fundraising solicitation. k here if following SOP 98-2 (ASC 958-720)								
				Dana 11						Form 990 (2021)
				— Page 11 ———						
Forr	n 990	(2021)								Page 11
Р	art X	Balance Sheet								
				line in this Dort IV						
		Check if Schedule O contains a response or note	e to ar	iy line in this Part IX .	÷	(A)		· ·	·	(B)
						Beginning of	year			End of year
	1	Cash-non-interest-bearing			十		49,526	1	Ì	113,250
	2	Savings and temporary cash investments			F			2	İ	
	3	Pledges and grants receivable, net						3		
	4	Accounts receivable, net						4		
	5	Loans and other receivables from any current or		er officer director	F			_		
		trustee, key employee, creator or founder, subst controlled entity or family member of any of the	antial se per	contributor, or 35% sons				5		
	6	Loans and other receivables from other disqualif section $4958(f)(1)$, and persons described in se			er			6		
2	7	Notes and loans receivable, net			L			7		
ssets	8	Inventories for sale or use					16,610	8		15,360
Ś	9	Prepaid expenses and deferred charges						9		
-	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	77,;	377					
	b	Less: accumulated depreciation	10b	47,3	352		35,270	10 c		30,025
	11	Investments—publicly traded securities .						11		
	12	Investments—other securities. See Part IV, line 1	11 .					12		
	13	Investments—program-related. See Part IV, line	11 .		T			13		_
	1	=			_ F				1	

	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 33)	101,406	16		158,635
	17	Accounts payable and accrued expenses	8,185	17		12,844
	18	Grants payable	,	18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21			
ě.	22	Loans and other payables to any current or former officer, director, trustee, key				
Liabilities	22	employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
Ï	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties	20,900	24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24).	·	25		
		Complete Part X of Schedule D	00.005			10.011
	26	Total liabilities. Add lines 17 through 25	29,085	26		12,844
Balances	22	Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.	70 201	27		145 701
gar	27	Net assets without donor restrictions	72,321	27		145,791
d E	28	Net assets with donor restrictions		28		
Fund		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.		ļ		
9	29	Capital stock or trust principal, or current funds		29		
Assets	30	Paid-in or capital surplus, or land, building or equipment fund		30		
SS	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances	72,321	32		145,791
Net	33	Total liabilities and net assets/fund balances	101,406	33		158,635
		Page 12 ——————				
Forn	າ 990	0 (2021)				Page 12
	n 990 art XI	0 (2021)				Page 12
		0 (2021)				Page 12
		(2021) Reconcilliation of Net Assets		<u>.</u>	<u></u>	Page 12
	art XI	(2021) Reconcilliation of Net Assets	<u></u>	. 1		
Pa	art XI Tota	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			254,048
1 1	Tota	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	1		254,048 180,578
1 2	Tota Tota Rev	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		1 2		254,048 180,578 73,470
1 2 3	Tota Tota Rev Net	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		1 2 3 4 5		254,048 180,578 73,470
1 2 3 4	Tota Tota Rev Net	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		1 2 3 4		254,048 180,578 73,470
1 2 3 4 5	Tota Tota Rev Net Net	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		1 2 3 4 5 6 7		254,048 180,578 73,470
1 2 3 4 5 6	Tota Tota Rev Net Net Dor	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI tal revenue (must equal Part VIII, column (A), line 12) tal expenses (must equal Part IX, column (A), line 25) venue less expenses. Subtract line 2 from line 1 t assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) t unrealized gains (losses) on investments nated services and use of facilities vestment expenses or period adjustments		1 2 3 4 5 6 7 8		254,048 180,578 73,470 72,321
1 2 3 4 5 6 7 8 9	Tota Tota Rev Net Dor Inv Pric	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		1 2 3 4 5 6 7 8		254,048 180,578 73,470 72,321
1 2 3 4 5 6 7 8 9	Tota Tota Rev Net Dor Inv Pric Oth	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		1 2 3 4 5 6 7 8		254,048 180,578 73,470 72,321
1 2 3 4 5 6 7 8 9	Tota Tota Rev Net Dor Inv Pric	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		1 2 3 4 5 6 7 8		254,048 180,578 73,470 72,321
1 2 3 4 5 6 7 8 9	Tota Tota Rev Net Dor Inv Pric Oth	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		1 2 3 4 5 6 7 8		 254,048 180,578 73,470 72,321
1 2 3 4 5 6 7 8 9	Tota Tota Rev Net Dor Inv Pric Oth	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		1 2 3 4 5 6 7 8		254,048 180,578 73,470 72,321
1 2 3 4 5 6 7 8 9 10	Total Rev Net Net Dorn Inv Price Oth	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI tal revenue (must equal Part VIII, column (A), line 12)	 umn (B))	1 2 3 4 5 6 7 8		 254,048 180,578 73,470 72,321
1 2 3 4 5 6 7 8 9 1C P2	Total Rev Net Dorr Inv Pric Oth Net XIII	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	 umn (B))	1 2 3 4 5 6 7 8		 254,048 180,578 73,470 72,321
1 2 3 4 5 6 7 8 9 1C P2	Total Rev Net Dorr Inv Price Oth Net XIII	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI tal revenue (must equal Part VIII, column (A), line 12)		1 2 3 4 5 6 7 8 9 10		 254,048 180,578 73,470 72,321
1 2 3 4 5 6 7 8 9 1C P2	Total Rev Net Dorr Inv Price Oth Net XIII	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		1 2 3 4 5 6 7 8 9 10		
1 2 3 4 4 5 6 6 7 8 9 1C Pr	Total Rev Net Net Door Inv Price Oth Net If the School Rev Wee If 'Y sep Wee If 'Y sep Wee If 'Y sep Wee If 'Y sep	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI tal revenue (must equal Part VIII, column (A), line 12) tal expenses (must equal Part IX, column (A), line 25) venue less expenses. Subtract line 2 from line 1 t assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) t unrealized gains (losses) on investments unated services and use of facilities vestment expenses or period adjustments her changes in net assets or fund balances (explain in Schedule O) t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII counting method used to prepare the Form 990: umn (B))	1 2 3 4 5 6 7 8 9 10 on a		 254,048 180,578 73,470 72,321	

С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	
		Fo	orm 990 (2021)
orm	990 (2021)		
Ad	ditional Data	Return	to Form
	Software ID:		
	Software Version:		
orm	n 990, Special Condition Description:		
	Special Condition Description		

ObjectId: 202233129349303593 - Submission: 2022-11-08

TIN: 45-5018663

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

		he organization vement Inc					Employer identific	ation number
							45-5018663	
	rt I	Reason for Public ation is not a private for					See instructions.	
	Ji gariiz	•		•	J ,	, ,	(A)(:)	
1		A church, convention o	•				(A)(I).	
2		A school described in s	ection 170(b)((1)(A)(ii). (Attach Sc	hedule E (Form 9	90).)		
3		A hospital or a coopera	itive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4		A medical research org name, city, and state:	anization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operat 170(b)(1)(A)(iv). (C	ed for the beneficomplete Part II.)	it of a college or unive)	rsity owned or op	perated by a gov	ernmental unit descri	bed in section
6		A federal, state, or loca	al government or	r governmental unit de	escribed in sectio	on 170(b)(1)(A	\)(v).	
7		An organization that no section 170(b)(1)(A			ts support from a	governmental u	init or from the genera	al public described in
8		A community trust des	cribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agricultural research non-land grant college						ege or university or a
10	✓	An organization that no from activities related investment income and 30, 1975. See section	ormally receives: to its exempt fur d unrelated busin	: (1) more than 331/3% nctions—subject to cer ness taxable income (le	% of its support fr	rom contribution and (2) no more	s, membership fees, a than 33 1/3% of its su	upport from gross
11		An organization organi	zed and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		An organization or	d organizations o	described in section 5	509(a)(1) or sec	ction 509(a)(2). See section 509(a	
а		Type I. A supporting organization(s) the poveromplete Part IV, Se	organization oper wer to regularly a	rated, supervised, or cappoint or elect a maj	controlled by its s	upported organi:	zation(s), typically by	
b		Type II. A supporting management of the su must complete Part	organization sup	pervised or controlled ation vested in the sai				
c		Type III functionally supported organization	integrated. A	supporting organizatio				ted with, its
d		Type III non-functio functionally integrated.	nally integrate	d. A supporting organ	ization operated	in connection wi	th its supported orgar	
e		instructions). You mus Check this box if the or	-	•	•		ne I Type II Type III	functionally
Č		integrated, or Type III	non-functionally	integrated supporting	organization.	KS that it is a Ty	pe i, type ii, type iii	Turictionally
f	Enter	the number of supporte	ed organizations				· · · · · · · <u> </u>	
g		de the following informa		r'	7			1 (2)
	(I) r	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			1					
Tota								
	•	work Reduction Act No or 990-EZ.	otice, see the I	nstructions for	Cat. No. 11285	ÞΕ	Schedule	A (Form 990) 2021
				Pa	ige 2 ———			
Sche	dule A	(Form 990) 2021						Page 2
Pa	rt II	(Complete only if	you checked th	zations Described he box on line 5, 7, ify under the tests	or 8 of Part I o	or if the organi	zation failed to qua	
Se	ection	A. Public Support	ranca to qual	ing under the tests	naced below, pr	case complete	a. c 111. j	
Cale	endar		(a) 201	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total

	r tiscai year beginning in) 📂 🔠	,					1
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
_	line 4.						
	Section B. Total Support						
	llendar year r fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7							
8							
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10							
	loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through						
12	10 Gross receipts from related activities, e	tc. (see instruction	ns)			12	
13		•	•				ization check
	this box and stop here	_			-		ization, check
_	Section C. Computation of Public	Support Perce	entage		<u> </u>		
14	5 1 11			olumn (f))		14	
15						15	
	a 33 1/3% support test—2021. If the						OOX
-0.	and stop here. The organization qualif						
ŀ	33 1/3% support test—2020. If the	organization did r	ot check a box on	line 13 or 16a, a	nd line 15 is 33 1/3	% or more, check	this
	box and stop here. The organization	qualifies as a publ	icly supported org	anization			🕨 🗆
17	a 10%-facts-and-circumstances test	–2021. If the org	anization did not o	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10	% or more,
	and if the organization meets the "facts		•	-	•	-	
L	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes						
	more, and if the organization meets the						
	meets the "facts-and-circumstances" t	est. The organizat	ion qualifies as a	publicly supported	l organization		▶ □
18			,		•		_
	instructions						<u> ▶□</u>
						Schedule A (F	orm 990) 2021
			Page 3				
Sch	nedule A (Form 990) 2021						Page 3
	Part III Support Schedule for	r Organization	s Described ir	Section 509(a)(2)		
					ganization failed	to qualify und	
_	(Complete only if you						er Part II. If
	(Complete only if you the organization fails t						er Part II. If
	(Complete only if you the organization fails t Section A. Public Support	o qualify under	the tests listed	below, please co	omplete Part II.)	
Ca	(Complete only if you the organization fails t Section A. Public Support Ilendar year r fiscal year beginning in) ►						er Part II. If (f) Total
Ca	(Complete only if you the organization fails	(a) 2017	(b) 2018	(c) 2019	omplete Part II.	(e) 2021	(f) Total
Ca (o	(Complete only if you the organization fails to the organization fails the organization fails to the organization fails the organization fails the organization fails the organization fails the organiz	o qualify under	(b) 2018	(c) 2019	omplete Part II.)	
Ca (o	(Complete only if you the organization fails to the organization of the organizati	(a) 2017	(b) 2018	(c) 2019	omplete Part II.	(e) 2021	(f) Total
(o 1	(Complete only if you the organization fails to the organization of the organizati	(a) 2017	(b) 2018 42,768	(c) 2019	(d) 2020 43,852	(e) 2021	(f) Total 278,111
(o 1	(Complete only if you the organization fails	(a) 2017	(b) 2018 42,768	(c) 2019 55,859	omplete Part II.	(e) 2021 97,156	(f) Total
Ca (o 1	(Complete only if you the organization fails to the organization's tax-exempt purpose the organization fails to the organization's tax-exempt purpose to fails to the organization fails to the organization's tax-exempt purpose	(a) 2017	(b) 2018 42,768	(c) 2019 55,859	(d) 2020 43,852	(e) 2021 97,156	(f) Total 278,111
(o 1	(Complete only if you the organization fails to the organization's tax-exempt purpose the organization fails to the organization's tax-exempt purpose to the organization fails to the organization's tax-exempt purpose	(a) 2017	(b) 2018 42,768	(c) 2019 55,859	(d) 2020 43,852	(e) 2021 97,156	(f) Total 278,111
Ca (o 1	(Complete only if you the organization fails to Section A. Public Support Illendar year r fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2017	(b) 2018 42,768	(c) 2019 55,859	(d) 2020 43,852	(e) 2021	(f) Total 278,111
Ca (o 1	(Complete only if you the organization fails to Section A. Public Support slendar year refiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2017	(b) 2018 42,768	(c) 2019	(d) 2020 43,852	(e) 2021	(f) Total 278,111
Ca (o 1	(Complete only if you the organization fails that organization	(a) 2017	(b) 2018 42,768	(c) 2019	(d) 2020 43,852	(e) 2021	(f) Total 278,111

5	The value of services or facilities furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5	194,002	218,225	244,702	216,040		345,432	1,	218,401
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line								
	13 for the year.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)							1,	218,401
Se	ection B. Total Support								
	endar year	(-) 2017	(I-) 2010	(-) 2010	(4) 2020	(-) 2021		E) T-+-1	
	fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		f) Total	
9	Amounts from line 6	194,002	218,225	244,702	216,040		345,432	1,	218,401
10a	Gross income from interest, dividends, payments received on		_						
	securities loans, rents, royalties and	5	6	9	9		37		66
	income from similar sources.								
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.	_							
11	Add lines 10a and 10b. Net income from unrelated business	5	6	9	9		37		66
11	activities not included on line 10b,								
	whether or not the business is								
4.5	regularly carried on. Other income. Do not include gain								
12	or loss from the sale of capital								
	assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)	194,007	218,231	244,711	216,049		345,469	1,	218,467
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth t	ax year as a sect	ion 501(c)((3) organi	zation, c	heck
	this box and stop here								ightharpoons
Se	ection C. Computation of Public								
15	Public support percentage for 2021 (li					15		99	.990 %
16	Public support percentage from 2020	Schedule A, Part I	II, line 15			16		99	.990 %
Se	ection D. Computation of Invest								
17	Investment income percentage for 20					17			0 %
18	Investment income percentage from 2	•	•			18			0 %
19a									
	more than 33 1/3%, check this box and								10:-
b	33 1/3% support tests—2020. If the	-			•			_	18 15
20	not more than 33 1/3%, check this box								
	Private foundation. If the organization	ion did not check a	box on line 14, 1	19a, or 19b, check	this box and see		ıle A (Fo		2021
						Scheat	ile A (FO	m 990)	2021
			D 4						
			Page 4						
Sche	dule A (Form 990) 2021							F	Page 4
Pai	t IV Supporting Organization	ıs							
	(Complete only if you checked								
	box 12b, of Part I, complete Se 12d, of Part I, complete Sectio			12c, of Part I, cor	mplete Sections A	, D, and E.	If you ch	ecked bo	ΟX
Se	ection A. All Supporting Organiz		ompiete rare vij						
								Yes	No
1	Are all of the organization's supported	organizations list	ed by name in the	organization's go	verning documen	its?			
-	If "No," describe in Part VI how the s	upported organiza	tions are designa						
	describe the designation. If historic ar	nd continuing relat	ionship, explain.				1	1	
2	Did the organization have any support	ted organization th	at does not have	an IRS determina	ation of status und	der section			
	509(a)(1) or (2)? If "Yes," explain in I								
	described in section $509(a)(1)$ or (2) .						2		
За	Did the organization have a supported	l organization desc	ribed in section 5	501(c)(4), (5), or ((6)? If "Yes." answ	ver lines 31	h and		
-	3c below.	organization desc	sinded in Section 2	(01(0)(1)) (0)) (1)	(0). 11 100, 41151	ver mies si	38		
b	Did the organization confirm that each			nder section 501/	c)(4) (5) or (6)	and caticfic		+	\vdash
D		sunnerted organi	ization qualified u		C/(T/) (J/) (II (U) (unu satisile	.u		1
	the public support tests under section				ow the organization				
	the public support tests under section determination.				ow the organization		e	,	
С	determination.	509(a)(2)? <i>If "Yes</i>	s," describe in Pa	rt VI when and h	-	on made th	3t)	
c		509(a)(2)? If "Yes	s," describe in Pa anizations was us	rt VI when and he	section 170(c)(2)	on made th	es?		
c 4a	determination. Did the organization ensure that all su	509(a)(2)? If "Yes apport to such organization	s," describe in Pa anizations was us on put in place to	rt VI when and he ed exclusively for ensure such use.	section 170(c)(2)	on made th	es? 3t		

	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	\vdash	1
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a		
	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.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
5a	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b	4c		
-	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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a 9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	JU		
	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	IUa		
	the organization had excess business holdings).	10b		
	Schedule A	(Form	990)	2021
Sche	dule A (Form 990) 2021		Р	Page 5
Par	Supporting Organizations (continued)			
11 a	Has the avantiation accepted a gift or contribution from any of the following arrange.		Yes	No
d	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	Yes	No
b	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the	11a 11b	Yes	No
b c	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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part		Yes	No
С	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? A family member of a person described on 11a above?	11b	Yes	No
С	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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11b	Yes	No
С	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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Ection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	11b		
c Se	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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Bection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11b		
c Se	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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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(s) that operated, supervised or controlled the supporting	11b 11c		
c Se	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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Pection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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	11b 11c		
5 Se	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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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(s) that operated, supervised or controlled the supporting	11b 11c	Yes	No
5 Se	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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	11b 11c		

	, po === oupporting organizationio							
					Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided during			_				
	Form 990 that was most recently filed as of the date of notification, and (iii) copies of	the or						
	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 el							
	organization(s) or (ii) serving on the governing body of a supported organization? If " organization maintained a close and continuous working relationship with the support							
_			, ,	2				
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's support or the organization or the organization's support or the organization or the organiza							
	during the tax year? If "Yes," describe in Part VI the role the organization's supported			3				
Se	ection E. Type III Functionally-Integrated Supporting Organizations							
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruc	tions):				
а	The organization satisfied the Activities Test. Complete line 2 below.							
b	The organization is the parent of each of its supported organizations. Complete	e line :	3 below.					
c	The organization supported a governmental entity. Describe in Part VI how yo	u supr	ported a government entity (se	e instru	ctions)			
		- 17 1	J		- 7			
2	Activities Test. Answer lines 2a and 2b below.				Yes	No		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the								
supported organization(s) to which the organization was responsive? If "Yes," then in 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 th							
,	substantially all of its activities.	ani==+:	on/s involvement	2a				
	 Did the activities described on line 2a, above constitute activities that, but for the org- of the organization's supported organization(s) would have been engaged in? If "Yes," 	' expla	in in Part VI the reasons for					
	the organization's position that its supported organization(s) would have engaged in torganization's involvement.	hese a	ctivities but for the					
_				2b				
3 _	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the off	icore	dimensional on the state of as at a	-				
а	Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI.	icers, (unectors, or trustees or each of	3a				
b								
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>								
			n this regard.	3b				
					1 990)	2021		
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations?		n this regard.		n 990)	2021		
			n this regard.		1 990)	2021		
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations? Page 6		n this regard.		n 990)	2021		
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations? Page 6 dule A (Form 990) 2021	ation ii	n this regard. Schedule A			2021 Page 6		
	supported organizations? If "Yes," describe in Part VI. the role played by the organization orga	ation ii	Schedule A	A (Forn	F			
	supported organizations? If "Yes," describe in Part VI. the role played by the organization orga	ergani	Schedule A Scations Nov. 20, 1970 (explain in Part	VI). Se	F			
Pa	supported organizations? If "Yes," describe in Part VI. the role played by the organization and the organization are supported by the organization are supported b	ergani	Schedule A	VI). Se	e e	² age 6		
Pa	supported organizations? If "Yes," describe in Part VI. the role played by the organization orga	ergani	Schedule A Scations Nov. 20, 1970 (explain in Part	VI). Se	e rent Yea	² age 6		
Pa	supported organizations? If "Yes," describe in Part VI. the role played by the organization and the organization are supported by the organization are supported b	ergani	Schedule A	VI). Se	e rent Yea	² age 6		
Pa 1	supported organizations? If "Yes," describe in Part VI. the role played by the organization organization organization organization organization organization organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization organizati	erganiust on Mations i	Schedule A	VI). Se	e rent Yea	² age 6		
Pa 1 1	supported organizations? If "Yes," describe in Part VI. the role played by the organization orga	erganist on Nations r	Schedule A	VI). Se	e rent Yea	² age 6		
Pa 1 1 2	supported organizations? If "Yes," describe in Part VI. the role played by the organization organization organization organization and the played by the organization organiza	erganist on Nations 1	Schedule A	VI). Se	e rent Yea	² age 6		
1 1 2 3	page 6 dule A (Form 990) 2021 Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations are short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions)	organist on Nations 1	Schedule A	VI). Se	e rent Yea	² age 6		
1 1 2 3 4	supported organizations? If "Yes," describe in Part VI. the role played by the organizations? If "Yes," describe in Part VI. the role played by the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations are short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross	Prganiast on Nations I	Schedule A	VI). Se	e rent Yea	² age 6		
1 1 2 3 4 5	supported organizations? If "Yes," describe in Part VI. the role played by the organization organizations? If "Yes," describe in Part VI. the role played by the organization organization organization organization organization organization organization organization organization. All other Type III non-functionally integrated supporting organization organization organization. Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion	erganist on Pations r	Schedule A	VI). Se	e rent Yea	² age 6		
1 1 2 3 4 5	Page 6 dule A (Form 990) 2021 Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations are short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for	erganist on Pations r	Schedule A	VI). Se	e rent Yea	² age 6		
1 1 2 3 4 5	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizations are short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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)	Prganist on Nations i	Schedule A	VI). Se	e rent Yea	² age 6		
1 1 2 3 4 5 6	Page 6 dule A (Form 990) 2021 rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations actions. All other Type III non-functionally integrated supporting organizations. According to the short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	rganist on Pations r	Schedule A	VI). Se	e ent Yea onal)	Page 6		
1 1 2 3 4 5 6	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions)	rganist on Pations r	Schedule A Schedu	VI). Se igh E. (B) Curn (option	e ent Yea onal)	Page 6		
1 1 2 3 4 5 6	Page 6 dule A (Form 990) 2021 rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short	rganist on Nations i	Schedule A Schedu	VI). Se igh E. (B) Curn (option	eent Yea	Page 6		
1 1 2 3 4 5 6	Page 6 dule A (Form 990) 2021 rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	Prganiest on Nations i	Schedule A Schedu	VI). Se igh E. (B) Curn (option	eent Yea	Page 6		
1 1 2 3 4 5 6	Page 6 dule A (Form 990) 2021 rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organiza Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities	Prganist on Nations i	Schedule A Schedu	VI). Se igh E. (B) Curn (option	eent Yea	Page 6		
1 1 2 3 4 5 6	Page 6 dule A (Form 990) 2021 rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organiza Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances	1 2 3 4 5 6 7 8 1 1a 1b	Schedule A Schedu	VI). Se igh E. (B) Curn (option	eent Yea	Page 6		
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1 1 2 3 4 5 6 6 7 8 8 c c c c c c c c c c c c c c c c c	supported organizations? If "Yes," describe in Part VI. the role played by the organizations are played by the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizations. All other Type III non-functionally integrated supporting organizations. All other Type III non-functionally integrated supporting organizations. All other gross income (see instructions) Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c)	1 2 3 4 5 6 7 8 1 1a 1b	Schedule A Schedu	VI). Se igh E. (B) Curn (option	eent Yea	Page 6		
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1 1 2 3 4 5 6 6 7 8 8 c c c c c c c c c c c c c c c c c	supported organizations? If "Yes," describe in Part VI. the role played by the organizations and page 6 dule A (Form 990) 2021 rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. All other Type III non-functionally integrated supporting organizations are section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	1	Schedule A Schedu	VI). Se igh E. (B) Curn (option	eent Yea	Page 6		

						•
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fr	om line 3)	5			
6	-	oe o,	6			
7	Recoveries of prior-year distributions		7			
8	Minimum Asset Amount (add line 7 to line 6)		8			
	Section C - Distributable Amount					Current Year
1	Adjusted net income for prior year (from Section A, lin	e 8, Column A)	1			
2	Enter 85% of line 1		2			
3	Minimum asset amount for prior year (from Section B,	line 8, Column A)	3			
4			4			
5	Income tax imposed in prior year	ulana ayibisab ba awaayaayay	5			
6	Distributable Amount. Subtract line 5 from line 4, untemporary reduction (see instructions)	niess subject to emergency	6			
7	Check here if the current year is the organization instructions)	n's first as a non-functionally-i	ntegrat	ed Type III sup		organization (see hedule A (Form 990) 2021
Sche	edule A (Form 990) 2021	Page 7 ————				Page 7
	rt V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organ	zations (co	ntinued	Current Year
Sec	ction D - Distributions					Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes			1	
2	Amounts paid to perform activity that directly furthers e excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instruction	ns			6	
	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	sive (<i>pro</i>	ovide	8	
۵	Distributable amount for 2021 from Section C, line 6				9	
	· · · · · · · · · · · · · · · · · · ·					
10	Line 8 amount divided by Line 9 amount			(ii)	10	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	derdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6					
(Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions.					
	Excess distributions carryover, if any, to 2021:					
а	From 2016					
	From 2017					
	From 2019					
	From 2020					
	Total of lines 3a through e					
	Applied to underdistributions of prior years Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see					
	instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
	vistributions for 2021 from Section D, line 7:					
	\$					
	Applied to underdistributions of prior years Applied to 2021 distributable amount					
	Applied to 2021 distributable amount					
5 F	Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2.					

ir the amount is greater than zero, expla See instructions.	ıın ın Part v1 .		
6 Remaining underdistributions for 2021. So lines 3h and 4b from line 1. If the amout than zero, explain in Part VI . See instru	nt is greater		
7 Excess distributions carryover to 202 3j and 4c.	2. Add lines		
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			
			Schedule A (Form 990) (2021)
	Page	8	
Schedule A (Form 990) 2021			Page 8
Section A, lines 1, 2, 3b, 3c, 4b, Part IV, Section D, lines 2 and 3	, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b ; Part IV, Section E, lines 1c, 2a	o, and 11c; Part IV, Section B, a, 2b, 3a and 3b; Part V, line	line 17a or 17b; Part III, line 12; Part IV, , lines 1 and 2; Part IV, Section C, line 1; 1; Part V, Section B, line 1e; Part V for any additional information. (See
	Facts And Circur	motonoco Toot	
	Facts And Circui	nstances lest	
Return Reference		Explanation	
			Schedule A (Form 990) 2021
			, ,
Additional Data			Return to Form

Software ID: Software Version:

ObjectId: 202233129349303593 - Submission: 2022-11-08

TIN: 45-5018663

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year. Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value of organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization from all grantees, donors, and donor advisors or for any other purpose conferring impermissible private benefits of the donor or donor advisor, or for any other purpose conferring impermissible private benefits. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(6) of conservation easements held by the organization of check all that apply). Preservation of natural hebitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements. Aumber of conservation easements included in (c) acquired after 7/25/06, and not on a historic all varience of conservation easements in despited. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the part and enforcement of the conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the part and enforcement of the conservation easements	lame of the organization arnabas Movement Inc	Employer identification number
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organization's property, subject to the organization's exclusive legal control?		
charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes	organization's property, subject to the organization's exclusive legal control?	Yes N
Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of pen space Complete lines 2a through 2 di fit be organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements . 2a Total acreage restricted by conservation easements . 2b White Preservation easements on a certified historic structure included in (a) . 2c 2d Verticolor 2d Verti	charitable purposes and not for the benefit of the donor or donor advisor, or for any otl	her purpose conferring impermissible
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Protection of natural habitat	Purpose(s) of conservation easements held by the organization (check all that apply).	
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements	Preservation of land for public use (e.g., recreation or education)	ervation of an historically important land area
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Total number of conservation easements	Complete lines 2a through 2d if the organization held a qualified conservation contribute	
Number of conservation easements on a certified historic structure included in (a)	, ,	
Number of conservation easements on a certified historic structure included in (a)		
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Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. **III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and	
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		orcing conservation easements during the year
In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. It III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	·	(
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		
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historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	If the organization elected, as permitted under FASB ASC 958, not to report in its reversibility in the organization elected, as permitted under FASB ASC 958, not to report in its reversibility in the organization of the organ	nue statement and balance sheet works of art, earch in furtherance of public service, provide, in
(i) Revenue included on Form 990, Part VIII, line 1	historical treasures, or other similar assets held for public exhibition, education, or rese	
(ii) Assets included in Form 990, Part X		▶\$
If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1		
following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1		·
	following amounts required to be reported under FASB ASC 958 relating to these items	S:

Schedule D (Form 990) 2021 Page **2**

Dar	t III	Organizations Mainta	ining Call	ostions s	£ A = +	Histori	cal Tr		00 01 0	thor (Similar /	\ccotc /	continuo	nage Z
3		the organization's acquisition												
a		(check all that apply):	iii, accessioii	, and other	records	, check i			-			use of it.	Conecui	
_		Public exhibition						Loan or	r exchang	e progi	rams			
b		Scholarly research				е		Other .						
С		Preservation for future gene	erations											
4	Provi Part 1	de a description of the organ XIII.	ization's coll	ections and	explain	how the	y furth	er the c	organizatio	on's ex	empt purp	ose in		
5	Durir asset	ng the year, did the organizat s to be sold to raise funds ra	ion solicit or ther than to	receive dor be maintai	nations oned as p	of art, hi art of th	storical e organ	treasui nization	res or oth 's collection	er simi on?	lar	☐ Ye		No
Pai	rt IV	Escrow and Custodial Complete if the organiz line 21.			' on Foi	rm 990	, Part :	IV, line	9, or re	ported	l an amo			
1a		e organization an agent, trust ded on Form 990, Part X?										□ Y€	es 🗆	No
b		es," explain the arrangement				_			_	_		Amount		
C C	_	nning balance							_	c d				
d		ions during the year							· -	e e				
e f		ibutions during the year							· —	.f				
										ı	hilih (2			
2a h		he organization include an an es," explain the arrangement		•		•					•		es U	No
D a	rt V	Endowment Funds.	III Part XIII.	Check here	ii tile e	хріапац	OII IIas	been pr	ovided iii	Part X	111			
I G	1 C V	Complete if the organiz	ation answ	ered "Yes'	' on For	rm 990	, Part :	IV, line	10.					
				(a) Currer			rior year) Two years	s back	(d) Three y	ears back	(e) Four	ears back
	_	ning of year balance												
		butions												
		vestment earnings, gains, and	d losses											
		s or scholarships												
е		expenditures for facilities ograms												
f	Admin	istrative expenses												
g	End of	year balance												
2		de the estimated percentage		nt year end	balance	e (line 1	g, colun	nn (a))	held as:					
а		d designated or quasi-endow	ment 🟲											
b		anent endowment												
С		endowment • percentages on lines 2a, 2b, a	and 2c shoul	d equal 100)%.									
3а	orgar	here endowment funds not in nization by:	the possess	sion of the o	organiza	tion tha	t are he	eld and	administe	red for	the		Ye	s No
	` '	nrelated organizations					•						a(i)	
b		Related organizations es" on 3a(ii), are the related o	organization	· · ·	• • equired	on Sche	 dule R?	• •					a(ii) 3b	
4		ribe in Part XIII the intended	-		•							·		
Pai	rt VI	Land, Buildings, and	Equipmen	ıt.										
		Complete if the organiz	ation answ	ered "Yes										
	Descr	iption of property (a) Cost or othe (investmen		(b) Cost	t or other	basis (o	ther)	(c) Accumu	ulated de	epreciation	(d) Book va	alue
1a	Land													
b	Buildin	ngs												
c	Leasel	nold improvements		27,724							7,099			20,625
d	Equipn	nent		49,653							40,253			9,400
	Other		(1)		200 =				26.);					
Tota	ı. Add	lines 1a through 1e. (Column	n (d) must e	qual Form 9	990, Pari	t X, colu	mn (B)	, line 10	$\mathcal{I}(c)$.)	•	•			30,025

Schedule D (Form 990) 2021

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						+
	(Column (b) must equal Form 990, Part X, col.(B) line 25.)				•	
	bility for uncertain tax positions. In Part XIII, provide the te					
ar	nization's liability for uncertain tax positions under FIN 48 (A	SC 740). Check he	ere if the	text of the footnote h		
					Schedule D	(Form 990) 202
		— Page 4 —				
		ruge r				
ec	dule D (Form 990) 2021					Page
aı	t XI Reconciliation of Revenue per Audited F				r Return.	
	Complete if the organization answered 'Yes' or Total revenue, gains, and other support per audited financial				1	
	Amounts included on line 1 but not on Form 990, Part VIII,				- -	
1	Net unrealized gains (losses) on investments		2a			
)	Donated services and use of facilities		2b			
	Recoveries of prior year grants		2c			
	Other (Describe in Part XIII.)		2d			
	Add lines 2a through 2d				2e	
	Subtract line 2e from line 1				3	-
	Amounts included on Form 990, Part VIII, line 12, but not of	on line 1 :				-
ı	Investment expenses not included on Form 990, Part VIII,		4a			
,	Other (Describe in Part XIII.)		4b			
:	Add lines 4a and 4b				4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 9	990, Part I, line 12	2.) .		5	
ır	Reconciliation of Expenses per Audited F Complete if the organization answered 'Yes' or				er Return.	
	Total expenses and losses per audited financial statements				1	
	Amounts included on line 1 but not on Form 990, Part IX, li	ne 25:				
	Donated services and use of facilities		2a			
)	Prior year adjustments		2b			
:	Other losses		2c			
I	Other (Describe in Part XIII.)		2d			
1	Add lines 2a through 2d				2e	
	Subtract line 2e from line 1				3	
	Amounts included on Form 990, Part IX, line 25, but not on	line 1:				
1	Investment expenses not included on Form 990, Part VIII,	line 7b	4a			
)	Other (Describe in Part XIII.)		4b			
	Add lines 4a and 4b				4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form	990, Part I, line 1	.8.) .		5	
_	t XIII Supplemental Information					
	vide the descriptions required for Part II, lines 3, 5, and 9; Pa s 2d and 4b; and Part XII, lines 2d and 4b. Also complete thi				Part V, line 4; Par	t X, line 2; Part XI
	Return Reference			Explanatio	n	
					Schedule D	(Form 990) 202
_						

Software ID:

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ObjectId: 202233129349303593 - Submission: 2022-11-08

TIN: 45-5018663 OMB No. 1545-0047

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

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 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Open to Public

Name of the organization Barnabas Movement Inc

Employer identification number

45-5018663

Return Reference	Explanation
Form 990 governing body review Part VI line 11	The executive director reviews and then approves the form 990.
Conflict of interest policy compliance Part VI line 12c	Any board member who has a conflict of interest will disclose the transaction to the board. The board member with the conflict will recuse himself from voting on the issue in conflict.
Governing documents etc available to public Part VI line 19	The organization has the financial statements and form 990 available on the organizations website.
Significant program services not listed on prior year return Part III line 2	The organization launched VERGE, an after school tutoring center. This was a collaborative outreach and ministry space, a workshop space, and a concert venue. The organization also focused on coneXus, a network of local youth pastors. A free monthly lunch and discussion group was hosted throughout the year. The organization tutored 60 students and saw several turn their grades around from F to C. Students who finished their homework received a free bubble tea the day they finished their homework. 651 bottles of tea were provided to students. An outdoor concert was organized in partnership with the Furniture Mall of Kansas as a fundraiser for the Topeka Rescue Mission.

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

Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data

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