|                                | ~ ~                        |                              | Return of Ord  | ganization Exempt From  | Inco              | me 1             | Гах                                   |                  | OMB No. 1545-                |  |  |
|--------------------------------|----------------------------|------------------------------|--|---|-------------------|------------------|---------------------------------------|------------------|------------------------------|--|--|
| 990                            |                            | 0                            | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. |   |                   |                  |                                       |                  | <b>2021</b>                  |  |  |
| Departi<br>Treasu              |                            | f the                        |  | ov/Form990 for instructions and the   |                   |                  |                                       |                  | Open to Public<br>Inspection |  |  |
|                                | -                          | 1 <b>2021</b> /68            | lendar year, or tax year beginning   | g 01-01-2021 , and ending 12-31-20  | 21                |                  |                                       |                  |                              |  |  |
| ☐ Ad                           |                            | pplicable:<br>change<br>ange | C Name of organization<br>UNITED MISSION FOR RELIEF & DEVI<br>(UMR)  | ELOPMENT  |                   |                  | <b>D Employ</b><br>27-317             |                  | fication number              |  |  |
| Fin                            | tial ret<br>al<br>1/termir |                              | Doing business as  |   |                   |                  |                                       |                  |                              |  |  |
| An                             | nended                     | l return<br>on pending       | 1000 K STREET NW 425   | d street (or P.O. box if mail is not delivered to street address) Room/suite<br>REET NW 425<br>(202) 370-65 |                   |                  |                                       |                  |                              |  |  |
| -                              |                            |                              | City or town, state or province, count<br>WASHINGTON, DC 20006   | ry, and ZIP or foreign postal code  |                   |                  | <b>G</b> Gross red                    | ceipts \$ 2      | 4,185,829                    |  |  |
|                                |                            |                              | F Name and address of principa<br>DR ABED AYOUB<br>1990 K STREET NW STE 425  | al officer:   |                   | subor<br>Are al  | a group re<br>dinates?<br>I subordina |                  | │Yes ✔ No<br>│Yes │No        |  |  |
| I Ta:                          | k-exen                     | npt status:                  | WASHINGTON, DC 20006   | sert no.) 4947(a)(1) or 527   |                   | includ<br>If "No |                                       | list. Se         | e instructions.              |  |  |
|                                |                            |                              | RELIEF.ORG   |   | H(c)              |                  | exemption                             |                  |                              |  |  |
| K Forr                         | n of or                    | ganization                   | : 🔽 Corporation 🗌 Trust 🗌 Association  | on 🔽 Other 🕨 CORPORATION  | L Year            | of forma         | tion: 2010                            | <b>M</b> State   | of legal domicile: VA        |  |  |
| Pa                             | irt I                      | Sum                          | imary  |   |                   |                  |                                       |                  |                              |  |  |
| Governance                     | P                          | ROVIDE                       |  | or most significant activities:<br>SUCH AS MEDICINES, HEALTHCAI<br>S, AND REFUGEES DUE TO DISAST            |                   |                  |                                       | ) HYGI           | ENE SUPPLIES TO              |  |  |
| vem                            | _                          |                              | . =  |   |                   |                  |                                       |                  |                              |  |  |
|                                | -                          |                              |  | scontinued its operations or disposed ng body (Part VI, line 1a)  |                   | than i           | 25% of its                            | net ass<br>3     | ets.                         |  |  |
| Activities &                   |                            |                              |  | f the governing body (Part VI, line 1b)   |                   |                  |                                       | 4                | 5                            |  |  |
| MILIE                          |                            |                              |  | calendar year 2021 (Part V, line 2a)  |                   |                  |                                       | 5                | 14                           |  |  |
| Acti                           | 6                          | Total nu                     | mber of volunteers (estimate if n  | ecessary) · · · · · · · ·   |                   |                  |                                       | 6                | 4                            |  |  |
|                                | 7a                         | Total un                     | related business revenue from Pa   | rt VIII, column (C), line 12 • • •  |                   | • •              | •                                     | 7a               | 0                            |  |  |
|                                | b                          | Net unre                     | elated business taxable income fr  | om Form 990-T, Part I, line 11 • •  |                   | • •              |                                       | 7b               | 0                            |  |  |
|                                |                            |                              |  |   |                   | Prie             | or Year                               |                  | Current Year                 |  |  |
| enue                           |                            |                              | tions and grants (Part VIII, line 1h   | ,   |                   |                  | 40,856,3                              |                  | 24,185,829                   |  |  |
| ven                            |                            | -                            | service revenue (Part VIII, line 2)  |   |                   |                  |                                       | 0                | 0                            |  |  |
| Rev                            |                            |                              | ent income (Part VIII, column (A),<br>venue (Part VIII, column (A), line:  |   |                   |                  |                                       | 0                | 0                            |  |  |
|                                |                            |                              |  | ust equal Part VIII, column (A), line 12  |                   |                  | 40,856,3                              |                  | 24,185,829                   |  |  |
|                                |                            |                              | nd similar amounts paid (Part IX,  |   | - /               |                  | 36,784,5                              |                  | 20,766,824                   |  |  |
|                                |                            | Benefits                     | paid to or for members (Part IX, c   | column (A), line 4)   |                   |                  |                                       | 0                | 0                            |  |  |
| 8                              | 15                         | Salaries,                    | , other compensation, employee b   | oenefits (Part IX, column (A), lines 5-   | 10)               |                  | 1,186,0                               | 73               | 1,302,777                    |  |  |
| Exp enses                      | 16a                        | Professi                     | onal fundraising fees (Part IX, col  | umn (A), line 11e) • • • • •  |                   |                  |                                       | 0                | 0                            |  |  |
| xb                             |                            |                              | raising expenses (Part IX, column (D), I   |   |                   |                  |                                       |                  |                              |  |  |
| ш                              |                            |                              |  | es 11a-11d, 11f-24e) • • • •  |                   |                  | 1,203,7                               |                  | 1,150,136                    |  |  |
|                                |                            |                              | · · · ·  | qual Part IX, column (A), line 25)<br>from line 12  |                   |                  | 39,174,4                              |                  | 23,219,737<br>966,092        |  |  |
| Net Assets or<br>Fund Balances | 19                         | Revenue                      | iess expenses. Subtract fille 10   |   | В                 |                  | ig of Curren<br>Year                  |                  | End of Year                  |  |  |
| set                            | 20                         | Total as:                    | sets (Part X, line 16)   |   |                   |                  | 2,288,9                               | 62               | 2,913,870                    |  |  |
| ot A:                          | 21                         | Total lial                   | bilities (Part X, line 26)   |   |                   |                  | 676,6                                 | 08               | 335,420                      |  |  |
| Ž.                             | 22                         | Net asse                     | ets or fund balances. Subtract line  | e 21 from line 20   |                   |                  | 1,612,3                               | 54               | 2,578,450                    |  |  |
| Unde<br>my kr                  | nowle                      | alties of dge and            |  | mined this return, including accompar<br>plete. Declaration of preparer (other ti                           |                   |                  |                                       |                  |                              |  |  |
|                                |                            |                              | ure of officer   |   |                   | 2022<br>Date     | 2-11-15                               |                  |                              |  |  |
| Sign<br>Here                   |                            | DR AB                        | ED AYOUB PRESIDENT AND CEO   |   |                   |                  |                                       |                  |                              |  |  |
| Paid<br>Preparer               |                            | <b>/</b><br> P               | Print/Type preparer's name   |   | Date<br>2022-11-1 |                  |                                       | PTIN<br>20017337 | 8                            |  |  |
|                                |                            |                              | Firm's name         GROSS MENDELSOHN & ASSOCIATES PA         Firm's EIN         52-09824   |   |                   | 0982413          |                                       |                  |                              |  |  |
| Use                            |                            |                              | Firm's address ▶ 1801 PORTER STREET SUITE 500 Phone no. (410) 685-5  |   |                   | 685-5517         |                                       |                  |                              |  |  |
| 056                            |                            | יע [                         |  |   |                   | Pho              | ne no. (410)                          | 000-0012         |                              |  |  |
| Maxit                          | he TD                      | S discus                     | BALTIMORE, MD 21230  | nown above? (see instructions)  |                   |                  |                                       | 🗹 Yes 🗌 No       |                              |  |  |
|                                |                            |                              | s this return with the preparer sr<br>luction Act Notice, see the separa   | nown above? (see instructions) • •  |                   | ••••             | •••                                   | •                | Form <b>990</b> (2021)       |  |  |
|                                |                            |                              |  |   | cut. P            | 114              |                                       |                  |                              |  |  |

| 990 (2021) Page <b>2</b>   |
|--|
| III Statement of Program Service Accomplishments   |
| Check if Schedule O contains a response or note to any line in this Part III   |
| Briefly describe the organization's mission:   |
| DE HUMANITARIAN ASSISTANCE SUCH AS MEDICINES, HEALTHCARE, FOOD,WATER, AND HYGIENE SUPPLIES TO ACED, DISADVANTAGED PERSONS &REFUGEES DUE TO DISASTERS AND WARS.   |
| ACED, DISADVANIAGED PERSONS AREFOLES DEL TO DISASTERS AND WARS.  |
|  |
| Did the organization undertake any significant program services during the year which were not listed on   |
| he prior Form 990 or 990-EZ?   |
| if "Yes," describe these new services on Schedule O.   |
| Did the organization cease conducting, or make significant changes in how it conducts, any program   |
| services?  |
| if "Yes," describe these changes on Schedule O.  |
| Describe the organization's program service accomplishments for each of its three largest program services, as measured by<br>expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,<br>the total expenses, and revenue, if any, for each program service reported.  |
| (Code:) (Expenses \$19,018,586including grants of \$17,775,355) (Revenue \$)HEALTHCARE:UMR'S HEALTH PROGRAM SERVED 440,402PEOPLE DIRECTLY AND 2,272,300BENEFICIARIES INDIRECTLY AND MADE UP 19% OF OUR PROJECTPORTFOLIO IN 2021. WORKING ACROSS 7COUNTRIES ON 9 TOTAL PROJECTS, UMR DELIVERED THE FOLLOWING: MEDICAL SHIPMENTS FOR VULNERABLE,DISPLACED, AND REFUGEE POPULATIONS; SURGICAL TREATMENT OF PREVENTABLE DISEASE LIKE CATARACT AND LOW VISION; HEARING AID EVALUATIONS ANDFITTING; AS WELL AS MEDICAL MISSIONS FOR PRIMARY AND SECONDARY HEALTHCARE TREATMENTS AND GIFTS-IN-KIND TO SUPPORT LOCAL UNDER-RESOURCEDHOSPITAL SET UP WITH EQUIPMENT AND SUPPLIES.GIFTS IN KINDUMR BOASTS A STRONG MEDICAL GIFT IN KIND SUPPLY CHAIN. WE WORK WITH PRIVATEMEDICAL PROVIDERS TO PROCURE MEDICAL SUPPLIES RANGING FROM DISPOSABLES SUCH AS GLOVES, BANDAGES, AND PRESCRIPTION MEDICATIONS TOEQUIPMENT CRITICAL TO THE SUCCESS OF A HEALTHCARE INSTITUTION SUCH AS X-RAY AND ULTRASOUND MACHINES. THIS IS A CRITICAL TOOL FOR CAPACITYBUILDING OF HOSPITALS AS IT FREES UP MONETARY RESOURCES TO HIRE NEW DOCTORS AND REDUCE THE COST BURDEN ON PATIENTS. IN 2021 THEORGANIZATION PROVIDED IN-KIND PHARMACEUTICAL DONATION AND MEDICAL SUPPLIES AND EQUIPMENT TO THE FOLLOWING COUNTRIES:PROGRAM SERVICES -IN KIND SUDAN \$488,280.00 YEMEN \$520,900.00 LEBANON \$1,757,040.00 PALESTINE \$10,074,048.00 JORDAN (SYRIAN REFUGEES) \$5,283,687.47 KENYA\$169,811.00 NIGERIA \$101,685.00  |
| (Code:) (Expenses \$818,644including grants of \$765,130 ) (Revenue \$)EDUCATION: IN 2021, UMR'S EDUCATION AND TRAINING PROGRAM SUPPORTED 4,311 PEOPLE DIRECTLY IN JORDAN AND KENYA. UMR DELIVERED 3 PROJECTSINCLUDING TUITION SUPPORT AND SCHOLARSHIPS FOR UNDERPRIVILEGED UNIVERSITY STUDENTS, AND THE BACK-TO-SCHOOL CAMPAIGN PROVIDED SCHOOLSSUPPLIES TO CHILDREN AT THE BEGINNING OF THE SCHOOL YEAR. OUR PARTNERS INCLUDED MORE THAN FIFTEEN SCHOOLS, ORPHANAGES, YOUTH CENTERS,AND WOMEN'S LITERACY ASSOCIATIONS.MENA YOUTH IN HUMANITARIAN ACTIONUMR HAS JOINED THE COMPACT FOR YOUNG PEOPLE IN HUMANITARIAN ACTIONHEADQUARTERED IN THE UNITED NATIONS. THE GOAL BEHIND THIS DOMESTIC INSTITUTE IS TO ACHIEVING THE LEARNING AND GROWING PERSPECTIVE OFUMR'S MISSION THROUGH DEVELOPING MODELS AND MANUALS, IMPLEMENTING TRAININGS AND INSTILLING A CULTURE OF RESEARCH-BASED PROJECTS WITHINUMR.  |
| (Code:       ) (Expenses \$ 1,807,898       including grants of \$ 1,689,717 ) (Revenue \$ )         POVERTY REDUCTION:IN 2021, UMR DELIVERED 24 POVERTY REDUCTION PROJECTS TO 199,201 PEOPLE IN 8 COUNTRIES, CONTRIBUTING TO THE UN'S 2030         AGENDA FOR SUSTAINABLE DEVELOPMENT GOALS (SDG.1, SDG.2, AND SDG.9). EIGHTY PERCENT (80% ) OF OUR POVERTY REDUCTION PROJECTS FOLSED ON         FOOD SECURITY, AND TWENTY PERCENT (20% ) ON EMERGENCY RESPONSE AND RELIEF. FOOD ASSISTANCEOUR RAMADAN AND QUBANI FOOD PROGRAMS         PROVIDED FOOD PARCELS, AND A MIX OF IFTAR MEALS, EID AND ZAKAT CASH VOUCHERS TO FAMILIES LIVING IN EXTREME POVERTY, AND REACHED 172,384   |
| PEOPLE ACROSS 8 COUNTRIES. ALTHOUGH UMR PROVIDES FOOD ASSISTANCE THROUGH A VARIETY OF ITS PROGRAMS THROUGHOUT THE YEAR, WE GIVE SPECIAL<br>ATTENTION TO CULTURAL OCCASIONS LIKE RAMADAN AND EID QURBANI CELEBRATIONS TO DELIVER DIGNIFIED AND CULTURALLY-SENSITIVE NOURISHMENT<br>OPTIONS. OUR QURBANI AND RAMADAN FOOD PROGRAMS DO NOT ONLY AIM TO ALLEVIATE POVERTY AND MALNOURISHMENT WITH ACCESS TO NUTRITIOUS FOOD,<br>BUT ALSO WORKS TO OVERCOME BARRIERS TO ACCESS AND TO SOCIAL INCLUSION WHICH ARE SPECIFIC TO REFUGEES, THE INTERNALLY DISPLACED, AND<br>MARGINALIZED COMMUNITIES.   |
| ATTENTION TO CULTURAL OCCASIONS LIKE RAMADAN AND EID QURBANI CELEBRATIONS TO DELIVER DIGNIFIED AND CULTURALLY-SENSITIVE NOURISHMENT<br>OPTIONS. OUR QURBANI AND RAMADAN FOOD PROGRAMS DO NOT ONLY AIM TO ALLEVIATE POVERTY AND MALNOURISHMENT WITH ACCESS TO NUTRITIOUS FOOD,<br>BUT ALSO WORKS TO OVERCOME BARRIERS TO ACCESS AND TO SOCIAL INCLUSION WHICH ARE SPECIFIC TO REFUGEES, THE INTERNALLY DISPLACED, AND   |
| ATTENTION TO CULTURAL OCCASIONS LIKE RAMADAN AND EID QURBANI CELEBRATIONS TO DELIVER DIGNIFIED AND CULTURALLY-SENSITIVE NOURISHMENT<br>OPTIONS. OUR QURBANI AND RAMADAN FOOD PROGRAMS DO NOT ONLY AIM TO ALLEVIATE POVERTY AND MALNOURISHMENT WITH ACCESS TO NUTRITIOUS FOOD,<br>BUT ALSO WORKS TO OVERCOME BARRIERS TO ACCESS AND TO SOCIAL INCLUSION WHICH ARE SPECIFIC TO REFUGEES, THE INTERNALLY DISPLACED, AND<br>MARGINALIZED COMMUNITIES.<br>(Code: ) (Expenses \$ 574,154 including grants of \$ 536,622 ) (Revenue \$ )<br>OTHER PROGRAMS INCLUDEWASH: IN 2021, UMR DELIVERED 4 WATER, SANITATION, AND HYGIENE (WASH) PROJECTS TO 26,210 PEOPLE IN 4 COUNTRIES,<br>BANGLADESH, KENYA, PAKISTAN, AND SOMALIA, CONTRIBUTING TO THE UN'S 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT GOALS (SDG,6). CLEAN WATER,<br>SANITATION AND HYGIENE AREBASELINE DISEASE PREVENTION MEASURES AGAINST AIRBORNE INFECTIOUS DISEASE. SHORTAGE OF CLEAN WATER, SANITATION, AND HYGIENE REBASELINE DISEASE PREVENTION MEASURES AGAINST AIRBORNE INFECTIOUS DISEASE. SHORTAGE OF CLEAN WATER,<br>SANITATION FOR ILLNESS ESPECIALLY DURING EMERGENCY SITUATIONS LIKE THE COVID-19PANDEMIC. WOMEN EMPOWERMENT & LIVELIHOODS: UMR'S<br>JASMINE PROJECT, THE JASMINE PROJECT ADVANCES THE ECONOMIC EMPOWERMENT OF SYRIAN REFUGEE WOMEN THROUGH SKILLS DEVELOPMENT AND<br>ENTREPRENEURSHIP TRAINING. UMR'S GOAL IS TO PROVIDE THE NECESSARY TOOLS FOR WOMEN TO TURN THEIR ABILITIES INTO MARKETABLE SKILLS THAT<br>WILLALLOW THEM TO PROSPER. JASMINE'S TRAININGS ARE NOT LIMITED TO COMMUNITY WOMEN, BUT ALSO TARGET YOUTH IN UNIVERSTITES AND SCHOOLS<br>DURING SUMMER BREAK TO TEACH THEM PROFESSIONAL CRAFTS AND HANDICRAFTS. THE JASMINE PROJECT HAS AROUND 10,000 DIRECT BENEFICIARIES SO<br>FAR, WITH MORE THAN 60,000 INDIRECT BENEFICIARIES WHEN TAKING INTO ACCOUNT RELATED FAMILIES AND HOUSEHOLDS.   |
| ATTENTION TO CULTURAL OCCASIONS LIKE RAMADAN AND EID QURBANI CELEBRATIONS TO DELIVER DIGNIFIED AND CULTURALLY-SENSITIVE NOURISHMENT<br>OPTIONS. OUR QURBANI AND RAMADAN FOOD PROGRAMS DO NOT ONLY AIM TO ALLEVIATE POVERTY AND MALNOURISHMENT WITH ACCESS TO NUTRITIOUS FOOD,<br>BUT ALSO WORKS TO OVERCOME BARRIERS TO ACCESS AND TO SOCIAL INCLUSION WHICH ARE SPECIFIC TO REFUGEES, THE INTERNALLY DISPLACED, AND<br>MARGINALIZED COMMUNITIES.<br>(Code: ) (Expenses \$ 574,154 including grants of \$ 536,622 ) (Revenue \$ )<br>OTHER PROGRAMS INCLUDEWASH: IN 2021, UMR DELIVERED 4 WATER, SANITATION, AND HYGIENE (WASH) PROJECTS TO 26,210 PEOPLE IN 4 COUNTRIES,<br>BANGLADESH, KENYA, PAKISTAN, AND SOMALIA, CONTRIBUTING TO THE UN'S 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT GOALS (SDG.6). CLEAN WATER,<br>SANITATION AND HYGIENE AREBASELINE DISEASE PREVENTION MEASURES AGAINST AIRBORNE INFECTIOUS DISEASE. SHORTAGE OF CLEAN WATER,<br>SANITATION AND HYGIENE AREBASELINE DISEASE PREVENTION MEASURES AGAINST AIRBORNE INFECTIOUS DISEASE. SHORTAGE OF CLEAN WATER,<br>SANITATION AND HYGIENE AREBASELINE DISEASE PREVENTION MEASURES AGAINST AIRBORNE INFECTIOUS DISEASE. SHORTAGE OF CLEAN WATER,<br>SANITATION AND HYGIENE AREBASELINE DISEASE PREVENTION MEASURES AGAINST AIRBORNE INFECTIOUS DISEASE. SHORTAGE OF CLEAN WATER,<br>SANITATION AND HYGIENE AREBASELINE DISEASE PREVENTION MEASURES AGAINST AIRBORNE INFECTIOUS DISEASE. SHORTAGE OF CLEAN WATER,<br>SANITATION AND HYGIENE AREBASELINE DISEASE PREVENTION MEASURES AGAINST AIRBORNE INFECTIOUS DISEASE. SHORTAGE OF CLEAN WATER,<br>SANITATION AND HYGIENE AREBASE REVENTION MEASURES AGAINST AIRBORNE INFECTIOUS DISEASE. SHORTAGE OF CLEAN WATER,<br>JASMINE PROJECT, THE JASMINE PROJECT ADVANCES THE ECONOMIC EMPOWERMENT OF SYRIAN REFUGEE WOMEN THROUGH SKILLS DEVELOPMENT AND<br>ENTREPRENEURSHIP TRAINING. UMR'S GOAL IS TO PROVIDE THE NECESSARY TOOLS FOR WOMEN TO TURN THEIR ABILITIES INTO MARKETABLE SKILLS THAT<br>WILLALLOW THEM TO PROSPER. JASMINE'S RAININGS ARE NOT LIMITED TO COMMUNITY WOMEN, BUT ALSO TARGET YOUTH IN UNIVERSITIES AND SCHOOLS<br>DURING SUMM |
|  |

| Form      | 990 (2021)   |            |                | Page <b>3</b> |
|-----------|--|------------|----------------|---------------|
| Pa        | tIV Checklist of Required Schedules  |            |                |               |
|           |  |            | Yes            | No            |
| 1         | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 😼  | 1          | Yes            |               |
| 2         | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🗐   | 2          | Yes            |               |
| 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         | <b>Section 501(c)(3) organizations.</b> 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</i>   | 6          |                | No            |
| 7         | Schedule D,Part I 😼  | 6<br>7     |                | No            |
| 8         | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼  | 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 $5$  | 9          |                | N o           |
| 10        | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V $\sim$  | 10         |                | No            |
| 11        | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.   |            |                |               |
|           | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D,</i> 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? <i>If "Yes," complete Schedule D, Part VII</i> 3   | 11b        |                | No            |
|           | its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 🗐  | 11c        |                | No            |
|           | reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 😼   | 11d<br>11e | Yes<br>Yes     |               |
| f         | Did the organization's separate or consolidated financial statements for the tax year include a footnote that  |            |                | <br>          |
| 12a       | addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?<br>If a tax positions | 11f<br>12a | Yes<br>Yes     |               |
| b         | Was the organization included in consolidated, independent audited financial statements for the tax year?<br>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        | Yes            |               |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>   | 14b        | Yes            |               |
| 15        | Did the organization report on Part R column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15         | Yes            |               |
| 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? <i>If "Yes," complete Schedule G, Part I.</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<br>20a | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i><br><i>"Yes," complete Schedule G, Part III</i>  | 19         |                | No            |
|           | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20a        |                | No            |
| 21        | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  | 20b<br>21  |                | No            |
|           | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  |            | orm <b>990</b> | (2021)        |

Page **4** 

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28a

28b

28c

29

34

35a

Yes

|     |  |     | Yes | No |
|-----|--|-----|-----|----|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>                   | 23  | Yes |    |
| 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? If "Yes," complete Schedule L, Part I                |

# b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

| 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?  |

| 27 | ម៉ាដ៉ី <sup>v</sup> អ៊ុត <sup>e</sup> សម្មាររាខ្មែរតែតែ <sup>ក</sup> ទុសអ៊ីលេ និទ្ធាដាំង or other assistance to any current or former officer, director, trustee, key |
|----|---|
|    | employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,   |
|    | or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?   |
|    | If "Yes," completeSchedule L,Part III   |

| 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):                              |
| 2  | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If |

| d | A current of former officer, director, trustee, key employee, creator of founder, of substantial contributor? If | es, |
|---|--|-----|
|   | complete Schedule L, Part IV   |     |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                  |     |

| с | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," |
|---|---|
|   | complete Schedule L, Part IV  |

| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .     |  |
|----|--|--|
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified |  |

|    | conservation contributions?  | 30 | IN C |
|----|--|----|------|
| 31 | អ៉ារ៉េYffe" 6AgaAl2thសិក/អៀមដែនដe, terminate, or dissolve and cease operations? If "Yes," complete schedule N, Part I                          | 31 | No   |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II           | 32 | N c  |
| 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? | 33 | N c  |

34 Wasten "Complete Schedule & Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

| b  | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                | 35b |    |
|----|--|-----|----|
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36  | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization<br>and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule P. 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 |

| Part V | Statements Regarding Other IRS Filings and Tax Compliance                      |        |   |     |      |     |
|--------|--|--------|---|-----|------|-----|
|        | Check if Schedule O contains a response or note to any line in this            | Part \ | / |     | <br> | . 🗆 |
|        |  |        |   |     | Yes  | No  |
| 1a Ent | er the number reported in box 3 of Form 1096. Enter -0- if not applicable      | 1a     |   | 3 0 |      |     |
| b Eni  | er the number of Forms W-2G included on line 1a. Enter -0- if not applicable . | 1b     |   | 0   |      |     |

|   |   |    | 1 |
|---|---|----|---|
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable |    |   |
|   | gaming (gambling) winnings to prize winners?  | 1c | 1 |

Form 990 (2021)

Yes

Page **5** 

| Pa      | rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |           |                |          |
|---------|---|-----------|----------------|----------|
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and<br>Tax Statements, filed for the calendar year ending with or within the year covered<br>by this return   |           |                |          |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.  | 2b        | Yes            |          |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a        |                | No       |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   | 3b        |                |          |
|         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial  | 4a        | Yes            |          |
| U       | 聲 <sup>cc</sup> ¢@\$J <sup>€</sup> )enter the name of the foreign country: ▶ <u>J O , K E</u><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts  |           |                |          |
| 5a      | (West Rive organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a        |                | No       |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b        |                | No       |
| с       | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  | 5c        |                |          |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a        |                | No       |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6b        |                |          |
| 7       | Organizations that may receive deductible contributions under section 170(c).   |           |                |          |
|         | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a        |                | No       |
|         | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b        |                | <u> </u> |
|         | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c        |                | No       |
| a       | If "Yes," indicate the number of Forms 8282 filed during the year 7d  |           |                |          |
| e       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e        |                |          |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f        |                |          |
| -       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g        |                |          |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h        |                |          |
| 8<br>9  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?<br><b>Sponsoring organizations maintaining donor advised funds.</b>          | 8         |                |          |
| a       | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a        |                |          |
| b       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b        |                |          |
| 10      | Section 501(c)(7) organizations. Enter:   |           |                |          |
| а       | Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>   |           |                |          |
| b       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club <b>10b</b>   |           |                |          |
| 11      | Section S01(c)(12) organizations. Enter:  |           |                |          |
|         | Gross income from members or shareholders   |           |                |          |
| b       | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 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.  |           |                |          |
| 13<br>a | Section 501(c)(29) qualified nonprofit health insurance issuers.<br>Is the organization licensed to issue qualified health plans in more than one state?  | 13a       |                |          |
|         | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  |           |                |          |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   |           |                |          |
|         | Enter the amount of reserves on hand  |           |                |          |
|         | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a       |                | No       |
|         | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 14b<br>15 |                | No       |
| 16      | If Thesoreanizationstructionstructionstructionstructions Fiturtion 200 jack edutimeNsection 4968 excise tax on net investment income?   |           |                |          |
|         | <ul> <li>If "Yes," complete Form 4720, Schedule O.</li> <li>Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities</li> </ul>  | 16        |                | No       |
| 17      | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.                                   | 17        |                |          |
|         |   | F         | orm <b>990</b> | (2021)   |

F

| Form | 990 (2021)  |        |           | Page <b>6</b> |
|------|---|--------|-----------|---------------|
| Par  | <b>Governance, Management, and Disclosure.</b> For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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              | espons | e to line | s<br>. 🔽      |
| Se   | ction A. Governing Body and Management  |        |           |               |
| 1-   | Enter the number of voting members of the governing body at the end of the tax <b>1a</b> 5  |        | Yes       | No            |
| Id   | Enter the number of voting members of the governing body at the end of the tax <b>1a</b> 5<br>Yeffiere are material differences in voting rights among members of the governing<br>body, or if the governing body delegated broad authority to an executive committee<br>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   | 4      |           | No            |
| 5    | filed?<br>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? $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$  | 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 R  | eveni  |           |               |
|      |   |        | Yes       | No            |
|      | Did the organization have local chapters, branches, or affiliates?  | 10a    | Yes       | ļ             |
|      | 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    | Yes       |               |
| 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    | Yes       |               |
| с    | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>   | 12c    | Yes       |               |
| 13   | Did the organization have a written whistleblower policy? $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$   | 13     | Yes       |               |
| 14   | Did the organization have a written document retention and destruction policy?  | 14     | Yes       |               |
| 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    | Yes       |               |
| b    | Other officers or key employees of the organization   | 15b    | Yes       |               |
|      | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |        |           |               |
| 16a  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   | 16a    |           | No            |
| 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    |           |               |
| Se   | ction C. Disclosure   |        |           |               |
| 17   | List the states with which a copy of this Form 990 is required to be filed  |        |           |               |
| 18   | Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.   |        |           |               |

🔽 Own website 🔽 Another's website 🔽 Upon request 🔽 Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of 19

interest policy, and financial statements available to the public during the tax year. 20

State the name, address, and telephone number of the person who possesses the organization's books and records: DR ABED AYOUB 1800 DIAGONAL RD 350 ALEXANDRIA, V A 22314 (202) 370-6963

## Form 990 (2021) Page **7** 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 . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -O- 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.

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

| (A)<br>Name and title                          | (B)<br>Average<br>hours per<br>week (list<br>any hours for | (C)<br>Position (do not check<br>more than one box, unless<br>person is both an officer<br>and a director/trustee) |                       |         |              |                                 | ess<br>er | (D)<br>Reportable<br>compensation<br>from the<br>organization | (E)<br>Reportable<br>compensation<br>from related<br>organizations | (F)<br>Estimated<br>amount of other<br>compensation<br>from the |
|--|--|--|-----------------------|---------|--------------|---------------------------------|-----------|---|--|---|
|  | related<br>organizations<br>below dotted<br>line)          | Individual trustee<br>or director  | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former    | (W-2/1099-<br>MISC/1099-<br>NEC)                              | (W-2/1099-<br>MISC/1099-<br>NEC)                                   | organization<br>and related<br>organizations                    |
| (1) MUHIELDIN SALIH<br>CHAIR AND TREASURER     | 4.00   | х  |                       |         |              |                                 |           | 0   | 0  | 0   |
| (2) DR ISMAIL MEHR<br>BOARD MEMBER             | 1.00   | х  |                       |         |              |                                 |           | 0   | 0  | 0   |
| (3) SAMER DARWISH<br>BOARD MEMBER              | 1.00   | х  |                       |         |              |                                 |           | 0   | 0  | 0   |
| (4) WEDIAN ELTOM<br>BOARD MEMBER               | 1.00   | x  |                       |         |              |                                 |           | 0   | 0  | 0   |
| (5) MOHAMMAD AHMAD<br>BOARD MEMBER             | 1.00   | х  |                       |         |              |                                 |           | 0   | 0  | 0   |
| (6) ABED AYOUB<br>CEO AND PRESIDENT            | 40.00  | x  |                       | x       |              |                                 |           | 249,799   | 0  | 25,437  |
| (7) MOHAMED HUSSEIN<br>CHIEF OPERATING OFFICER | 40.00  |  |                       | x       |              |                                 |           | 145,846   | 0  | 3,910   |
|  |  |  |                       |         |              |                                 |           |   |  |   |
|  |  |  |                       |         |              |                                 |           |   |  |   |
|  |  |  |                       |         |              |                                 |           |   |  |   |
|  |  |  |                       |         |              |                                 |           |   |  |   |
|  |  |  |                       |         |              |                                 |           |   |  |   |
|  |  |  |                       |         |              |                                 |           |   |  |   |

| Name and title       Average<br>week (list<br>any hours for<br>related<br>organizations<br>below dotted<br>line)       Position (do not check<br>merson is both an officer<br>related<br>organizations<br>below dotted<br>line)       Reportable<br>(and altercotrutustee)       Reportable<br>round<br>(and altercotrutustee)       Reportable<br>round<br>(and altercotrutustee)       Reportable<br>(and altercotrutustee)       Reportable<br>(an | 1)   |
|---|--|
| organizations of dividual<br>line)       organizations of dividual<br>line)       organizations of dividual<br>line)       MISC/1099-<br>NEC)       MISC/1099-<br>NEC)       MISC/1099-<br>NEC)       MISC/1099-<br>NEC)         Ine dividual<br>line)  | F)<br>mated<br>of other<br>ensation<br>n the |
| c Total from continuation sheets to Part VII, Section A   | ation and<br>ated<br>izations                |
| c Total from continuation sheets to Part VII, Section A   |  |
| c Total from continuation sheets to Part VII, Section A   |  |
| c Total from continuation sheets to Part VII, Section A   |  |
| c Total from continuation sheets to Part VII, Section A   |  |
| c Total from continuation sheets to Part VII, Section A   |  |
| c Total from continuation sheets to Part VII, Section A   |  |
| \$100,000 of reportable compensation from the organization > 2   Did the organization list any former officer, director or trustee, key employee, or highest compensated employee   on line 1a? If "Yes," complete Schedule J for such individual   For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   4  | 29,3   |
| Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee<br>on line 1a? If "Yes," complete Schedule J for such individual  |  |
| For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  | No<br>No                                     |
| Did any person listed on line 1a receive or accrue compensation from any uprelated experiention or individual for   |  |
| Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  | No   |
| Section B. Independent Contractors<br>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 ye (A) (B)   | ar.<br>(C)<br>Densation                      |
|   |  |
|   |  |
| Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>&gt;</b> 0  |  |

| Form                    | 990 (2021)   |                           |                        |  |  |          |   | Page <b>9</b>  |
|-------------------------|--|---------------------------|------------------------|--|--|----------|---|--|
| Par                     |  | of Revenue                | spansa ar nota ta      | any line in this Pa                                | rt \/III   |          |   |  |
|                         | Check if Sche  | edule O contains a re     | sponse or note to      | (A)<br>Total revenue                               | (B)<br>Related of<br>exempt<br>function<br>revenue | or       | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
| Contr                   | ibutions, Gifts, Grants  | s, and OtherAmt Sim       | ilar Amounts <b>1a</b> | Federated campaig                                  |  | 1a       |   | 512 511  |
|                         |  |                           |                        | Membership dues                                    | -  | 1b       |   |  |
|                         |  |                           |                        | Fundraising events<br>Related organizatio          |  | 1c<br>1d |   |  |
|                         |  |                           |                        | Government grants (co                              | _  | 1u<br>1e |   |  |
|                         |  |                           | f                      | All other contributions,<br>and similar amounts no | gifts, grants,                                     |          |   |  |
|                         |  |                           | q                      | above<br>Noncash contributions i                   |  | 1f       | 24,185,829                              |  |
|                         |  |                           |                        | lines 1a - 1f:\$                                   |  | 1g       | 18,395,451                              |  |
|                         | 1  |                           | n<br>Business Code     | Total. Add lines 1a                                | -1f  |          | 🕨                                       | 24,185,829   |
|                         | 2a   |                           | Busiliess Code         |  |  |          |   |  |
| an                      | . <u> </u>   |                           | _                      |  |  |          |   |  |
| ever                    | ь  |                           |                        |  |  |          |   |  |
| Ge B                    | с  |                           |                        |  |  |          |   |  |
| Program Service Revenue |  |                           | _                      |  |  |          |   |  |
| E S                     | d  |                           | _                      |  |  |          |   |  |
| ogre                    | e  |                           |                        |  |  |          |   |  |
| ۵Ľ                      | <b>f</b> All other program   | service revenue           | -                      |  |  |          |   |  |
|                         | 9 Total. Add lines   |                           |                        |  |  |          |   |  |
|                         | 3 Investment incom   | e (including dividend     | s, interest, and       | 1  |  |          |   |  |
|                         | other<br>49imilareamounts)es   | stment of tax-exempt      | bond proceeds          | <u>ه</u>   |  |          | <u> </u>                                |  |
|                         | <b>5</b> Royalties   |                           |                        | •  |  |          |   |  |
|                         |  | (i) Real                  | (ii) Personal          | _  |  |          |   |  |
|                         | <b>6a</b> Gross rents  | 6a                        |                        |  |  |          |   |  |
|                         | b Less: rental<br>expenses   | 6b                        |                        |  |  |          |   |  |
|                         | c Rental   |                           |                        | -  |  |          |   |  |
|                         | income or<br>d (Nets)ental incom   | <b>6c</b><br>ne or (loss) |                        |  |  |          |   |  |
|                         |  | (i) Securities            | (ii) Other             |  |  |          |   |  |
|                         | 7a Gross amount<br>from sales of   | 7a                        |                        |  |  |          |   |  |
|                         | assets other than inventory  |                           |                        |  |  |          |   |  |
|                         | <ul> <li>Less: cost or<br/>other basis and<br/>sales expenses</li> </ul> | 7Ь                        |                        |  |  |          |   |  |
|                         | c Gain or (loss)   | 7c                        |                        |  |  |          |   |  |
|                         | <b>d</b> Net gain or (loss   | s)                        |                        |  |  |          |   |  |
|                         | 8a Gross income from fu<br>(not including \$                             | indraising events<br>of   |                        |  |  |          |   |  |
| ane                     | contributions reported<br>See Part IV, line 18                           |                           |                        |  |  |          |   |  |
| eve                     | <b>b</b> Less: direct exp  | 88                        |                        | -  |  |          |   |  |
| L B                     | <b>c</b> Net income or (Io   | ss) from fundraising      | events                 |  |  |          |   |  |
| Other Revenue           |  | <b>—</b>                  | ▶                      |  |  |          |   |  |
| 0                       | 9a Gross income fro<br>activities.                                       |                           |                        |  |  |          |   |  |
|                         | See Part IV, line 2<br>b Less: direct expe                               | 9a<br>19<br>enses 9b      |                        | -  |  |          |   |  |
|                         |  | oss) from gaming acti     | vities 🕨               |  |  |          |   |  |
|                         | <b>10a</b> Gross sales of in   | ventory less              |                        |  |  |          |   |  |
|                         | returns and allow  |                           | 1                      |  |  |          |   |  |
|                         | <b>b</b> Less: cost of goo   | ods sold 10b              | ,                      |  |  |          |   |  |
|                         | c Net income or (Io  | ss) from sales of inv     | entory                 |  |  |          |   |  |
|                         | Miscellaneo  | us Revenue                | Business Cod           | e  |  |          |   |  |
|                         | 11a  |                           |                        |  |  |          |   |  |
|                         |  |                           |                        |  |  |          |   |  |
|                         | Ь  |                           |                        |  |  |          |   |  |
|                         | c  |                           |                        |  |  |          |   |  |
|                         | -  |                           |                        |  |  |          |   |  |
|                         | <b>d</b> All other revenue   |                           | ł                      |  |  |          |   | +  |
|                         | <b>e Total.</b> Add lines  | 11a-11d                   | 🕨                      | •  |  |          |   |  |
|                         | 12 Total revenue. Se   | ee instructions           |                        | 24,185,8   | 29   | 0        | ,                                       | 0 0  |

Page 10

## Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this $\mathsf{Part}\,\mathsf{IX}\,$ . . (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses 164,352 164,352 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . . . . . . . 20,602,472 20,602,472 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 . . . . . . ${\bf 5}\,$ Compensation of current officers, directors, trustees, and 424,992 216,746 208,246 key employees . . . . . . . . . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . 584,692 486,855 97,837 7 Other salaries and wages . . . . . . . 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . 37,185 25,912 11.273 9 Other employee benefits . . . . 255,908 178,330 77,578 10 Payroll taxes . . . . . . . 11 Fees for services (non-employees): **a** Management . . . . 56,173 24,331 31,842 **b**Legal . . . . 20,180 20,180 c Accounting . . . . **d** Lobbying . . . . . . . e Professional fundraising services. See Part IV, line 17 f Investment management fees . . . . . g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 12 Advertising and promotion . . . 302,568 229,952 18,154 54,462 150,327 109,720 30,106 10,501 13 Office expenses . . . . 14 Information technology . . . Royalties . . 15 13,039 162,984 24,448 125,497 Occupancy . . 16 203,808 83,754 50,643 69.411 17 Travel . . . . . . . . . . . Payments of travel or entertainment expenses for any 18 federal, state, or local public officials . 19 Conferences, conventions, and meetings . Interest . . . . . . . . . 20 **21** Payments to affiliates . . . . 3.97 1.346 2.631 ${\bf 22}~$ Depreciation, depletion, and amortization ~ . 9,929 9,929 23 Insurance . Other expenses. Itemize expenses not covered above 24 (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a CONTRACTORS & SPONSORSH 193,249 30,129 5,457 157,663 19,161 19,161 **b** BANK CHARGES 15,290 15,290 c TELECOMMUNICATIONS d TAXES AND LICENSES 12,490 706 11.784 All other expenses 23,219,737 22,219,282 663,537 336,918 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 🥅 if following SOP 98-2 (ASC 958-720).

# Form 990 (2021) Part X Balance Sheet

| art X    | Balance Sheet  |                                  |                                 |          |                           |
|----------|--|----------------------------------|---------------------------------|----------|---------------------------|
|          | Check if Schedule O contains a response or   | note to any line in this Part IX |                                 |          | [                         |
|          |  |                                  | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
| 1        | Cash-non-interest-bearing  |                                  | 1,933,131                       | 1        | 2,441,10                  |
| 2        | Savings and temporary cash investments   | Ì                                |                                 | 2        |                           |
| 3        | Pledges and grants receivable, net   |                                  | 21,000                          | 3        | 200,05                    |
| 4        | Accounts receivable, net   |                                  |                                 | 4        |                           |
| 5        | Loans and other receivables from any current   | or former officer, director,     |                                 |          |                           |
|          | trustee, key employee, creator or founder, su<br>controlled entity or family member of any of t  |                                  |                                 | 5        |                           |
| 6        | Loans and other receivables from other disqu   |                                  |                                 |          |                           |
|          | under section 4958(f)(1)), and persons desc  | ribed in section 4958(c)(3)(B)   |                                 | 6        |                           |
| 7        | Notes and loans receivable, net  |                                  |                                 | 7        |                           |
| 8        | Inventories for sale or use  |                                  |                                 | 8        |                           |
| 9        | Prepaid expenses and deferred charges .  |                                  | 29,707                          | 9        | 78,00                     |
| 10a      | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | <b>10a</b> 29,560                |                                 |          |                           |
| ь        |  | <b>10b</b> 25,863                | 7,674                           | 10c      | 3,69                      |
| 11       | Investments—publicly traded securities .   |                                  |                                 | 11       | -,                        |
| 12       | Investments—other securities. See Part IV, li  | ne 11                            |                                 | 12       |                           |
| 13       | Investments—program-related. See Part IV, I  |                                  |                                 | 13       |                           |
| 14       | Intangible assets  |                                  |                                 | 14       |                           |
| 15       | Other assets. See Part IV, line 11   |                                  | 297,450                         | 15       | 191,01                    |
| 16       | Total assets: Add lines 1 through 15 (must e   | qual line 33)                    | 2,288,962                       | 16       | 2,913,87                  |
| 17       | Accounts payable and accrued expenses .  |                                  | 171,134                         | 17       | 115,08                    |
| 18       | Grants payable   |                                  |                                 | 18       |                           |
| 19       | Deferred revenue   |                                  |                                 | 19       |                           |
| 20       | Tax-exempt bond liabilities  |                                  |                                 | 20       |                           |
| 21       | Escrow or custodial account liability. Comple  | te Part IV of Schedule D         |                                 | 21       |                           |
| 21<br>22 | Loans and other payables to any current or fo<br>key employee, creator or founder, substantial<br>controlled entity or family member of any of t | contributor, or 35%              |                                 | 22       |                           |
| 23       | Secured mortgages and notes payable to unre  |                                  |                                 | 22       |                           |
| 24       | Unsecured notes and loans payable to unrela  | •                                | 166,200                         | 24       |                           |
| 25       | Other liabilities (including federal income tax  |                                  | 339,274                         | 25       | 220.33                    |
| 2.5      | parties, and other liabilities not included on I<br>Complete Part X of Schedule D  |                                  | ,                               |          |                           |
| 26       | Total liabilities. Add lines 17 through 25 .   | •                                | 676,608                         | 26       | 335,42                    |
|          | Organizations that follow FASB ASC 958, che  | ck here 🕨 📝 and complete         |                                 |          |                           |
| 27       | lines 27, 28, 32, and 33.<br>Net assets without donor restrictions   |                                  | 1,408,422                       | 27       | 2,277,90                  |
| 28       | Net assets with donor restrictions   |                                  | 203,932                         | 28       | 300,54                    |
|          | Organizations that do not follow FASB ASC 9  | 58, check here 🕨 🦳 and           |                                 |          |                           |
|          | complete lines 29 through 33.  |                                  |                                 |          |                           |
| 29       | Capital stock or trust principal, or current fun   | uds                              |                                 | 29       |                           |
| 30       | Paid-in or capital surplus, or land, building or   | equipment fund                   |                                 | 30       |                           |
| 31       | Retained earnings, endowment, accumulated i  |                                  | 31                              |          |                           |
| 32       | Total net assets or fund balances  | 1,612,354                        | 32                              | 2,578,45 |                           |
| 33       | Total liabilities and net assets/fund balances   |                                  | 2,288,962                       | 33       | 2,913,87                  |

| Forn    | 0 (2021)  |     | 4      | Page <b>12</b> |
|---------|---|-----|--------|----------------|
| ра<br>С | Part XI RECONCILITATION OF NET ASSETS<br>Check if Schedule O contains a response or note to any line in this Part XI  | •   | •      |                |
| -       | Total revenue (must equal Part VIII, column (A), line 12)   |     | 24,185 | 85,829         |
| 2       | Total expenses (must equal Part IX, column (A), line 25)  |     | 23,2   | 219,73         |
| m       | Revenue less expenses. Subtract line 2 from line 1  |     | 6      | 60,09          |
| 4       | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))   |     | 1,61   | 12,35          |
| ß       | Net unrealized gains (losses) on investments 5  |     |        |                |
| 9       | Donated services and use of facilities 6  |     |        |                |
| ~       | Investment expenses   |     |        |                |
| ø       | Prior period adjustments  |     |        |                |
| 6       | Other changes in net assets or fund balances (explain in Schedule O) 9  |     |        | -              |
| 10      | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column 10  |     | 2,57   | 78,450         |
| Ра      | Part XII Financial Statements and Reporting   |     |        |                |
|         | Check if Schedule O contains a response or note to any line in this Part XII  | •   |        | L              |
|         |   |     | Yes    | ٩              |
| -       | Accounting method used to prepare the Form 990: Cash 🗸 Accrual Cother<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on<br>Schedule O.   |     |        |                |
| 2a      | Were the organization's financial statements compiled or reviewed by an independent accountant?   | 2a  |        | o<br>N         |
|         | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br>C Separate basis Consolidated basis D Both consolidated and separate basis |     |        |                |
| q       | Were the organization's financial statements audited by an independent accountant?  | 2b  | Yes    |                |
|         | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br>V Separate basis Consolidated basis D Both consolidated and separate basis              |     |        |                |
| U       | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight<br>of the audit, review, or compilation of its financial statements and selection of an independent accountant?                    | ĸ   | Yes    |                |
|         | If the organization changed either its oversight process or selection process during the tax year, explain in<br>Schedule O.  |     |        |                |
| 3а      | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the<br>Single Audit Act and OMB Circular A-133?   | 3a  |        | No             |
| q       | 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.                           | ЧР. |        |                |
|         |   |     | 1      |                |

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Form 990 (2021)

Additional Data

Software ID:

**Return to Form** 

Software Version:

Form 990, Special Condition Description:

**Special Condition Description** 

| SCHEDULE A<br>(Form 990) |           | c                           |  | Charity Statu<br>organization is a sect | ion 501(c)(3) d   | organization or                      | ort –                               | омв no. 1545-0047<br><b>2021</b>                        |   |
|--------------------------|-----------|-----------------------------|--|---|---|--------------------------------------|-------------------------------------|---|---|
|                          |           | the Treasury<br>ue Service  | •  | ► Go to <u>www.ir</u>                   | 4947(a)(1) nonexe<br>Attach to Form 9<br><u>s.gov/Form990</u> for i                                     | ormation.                            | Open to Public<br>Inspection        |   |   |
|                          | D MISS    | e organizat<br>ION FOR RELI | ion<br>EF & DEVELOPI   | MENT                                    |   |                                      |                                     | Employer identifica                                     | tion number   |
| -                        | rt I      | Reason                      | for Publi  | c Charity St                            | tatus (All organizat  | tions must co                        | mplete this p                       |   | ons.  |
| The o                    | organiz   |                             |  |   | use it is: (For lines 1   |                                      |                                     |   |   |
| 1                        |           | A church,                   | convention   | of churches, or                         | association of church   | hes described i                      | n section 170(b                     | o)(1)(A)(i).  |   |
| 2                        |           | A school d                  | escribed in  | section 170(b)                          | (1)(A)(ii). (Attach So  | chedule E (Forr                      | n 990).)                            |   |   |
| 3                        | Г         | A hospital                  | or a cooper  | ative hospital s                        | service organization d  | lescribed in <b>sec</b>              | tion 170(b)(1)                      | (A)(iii).   |   |
| 4                        | Γ         |                             | research org<br>name, city,  | - '                                     | ated in conjunction w   | rith a hospital c                    | lescribed in <b>sec</b>             | tion 170(b)(1)(A)(iii                                   | ). Enter the  |
| 5                        | Γ         | -                           |  | ed for the bene<br>mplete Part II.      | efit of a college or uni<br>.)  | versity owned o                      | or operated by a                    | a governmental unit d                                   | escribed in <b>section</b>                            |
| 6                        |           | A federal,                  | state, or loc  | al government                           | or governmental unit  | described in <b>se</b>               | ection 170(b)(1                     | .)(A)(v).   |   |
| 7                        |           | described                   | in <b>section 1</b>  | 70(b)(1)(A)(v                           | es a substantial part o<br>i). (Complete Part II.)  | )                                    | -                                   | ntal unit or from the g                                 | general public  |
| 8                        |           |                             | •  |   | on 170(b)(1)(A)(vi).  |                                      | ,                                   |   |   |
| 9                        |           | university                  | or a non-lar   | nd grant college                        | e of agriculture. See in  | nstructions. Ent                     | er the name, ci                     | ty, and state of the c                                  | ollege or university:                                 |
| 10                       | I         | receipts fr<br>from gross   | om activitie<br>investment   | s related to its income and u           | es: (1) more than 331<br>exempt functions—su<br>nrelated business taxa<br>e <b>section 509(a)(2).</b> ( | ubject to certain<br>able income (le | n exceptions, ar<br>ess section 511 | nd (2) no more than 3                                   | 33 1/3% of its suppor                                 |
| 11                       |           |                             |  |   | ted exclusively to test   |                                      |                                     | 509(a)(4).  |   |
| 12                       | Γ         | one or mo                   | re publicly s  | upported organ                          | ed exclusively for the<br>nizations described in<br>It describes the type o                             | section 509(a)                       | (1) or section 5                    | <b>609(a)(2).</b> See section                           | n 509(a)(3). Check                                    |
| а                        | Γ         | <b>Type I.</b> A supported  | supporting o<br>organizatior                                       | rganization open(s) the power           | erated, supervised, or<br>to regularly appoint or<br><b>t IV, Sections A and E</b>                      | controlled by i<br>r elect a majori  | ts supported or                     | ganization(s), typical                                  | ly by giving the                                      |
| b                        | Γ         | <b>Type II.</b> A manageme  | supporting<br>int of the su  | organization su                         | pervised or controlled  | d in connection                      |                                     |   |   |
| с                        | $\square$ | Type III f                  | unctionally i  | ntegrated. A s                          | upporting organizatio<br>uctions). <b>You must co</b> i   |                                      |                                     |   | grated with, its                                      |
| d                        | Γ         | not functio                 | nally integra  | ated. The orga                          | . A supporting organiz<br>nization generally mus<br>te Part IV, Sections A                              | st satisfy a dist                    | ribution require                    |   |   |
| e                        |           | integrated                  | , or Type III  | non-functiona                           | eived a written deter<br>Ily integrated support   | ing organizatio                      | n.                                  |   | ype III functionally                                  |
| f                        | Enter     |                             |  |   | 15  |                                      |                                     | · · · · · · · · · <u> </u>                              |   |
| g                        |           | ame of supported ame        | ported   | (ii) EIN                                | ut the supported orga<br>(iii) Type of<br>organization<br>(described on lines                           | (iv) Is the<br>listed in you         | organization<br>ur governing        | (v) Amount of<br>monetary support<br>(see instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|                          |           |                             | (described on lines document? (see instruction<br>1- 10 above (see |   |   |                                      |                                     |   |   |
|                          |           |                             |  |   | instructions))  | Yes                                  | No                                  |   |   |
|                          |           |                             |  | l<br>I                                  |   |                                      |                                     |   |   |
| Tota                     |           |                             |  |   |   |                                      |                                     |   |   |
| For F                    | Paperw    | vork Reduct<br>r 990-EZ.    | ion Act Noti   | ce, see the Ins                         | tructions for   | Cat. No. 1128                        | 5F                                  | Schedul   | e A (Form 990) 2021                                   |
|                          |           |                             |  |   |   |                                      |                                     |   |   |

|          | edule A (Form 990) 2021   |  |   |   |   |   | Page <b>2</b>                         |
|----------|---|--|---|---|---|---|---------------------------------------|
| Р        | art II Support Schedule for<br>(Complete only if you<br>Part III. If the organiz  | checked the bo   | ox on line 5, 7,  | or 8 of Part I o  | r if the organiz  | ation failed to   | qualify under                         |
| S        | ection A. Public Support  |  |   | ie tests listed b   | elow, please co   |   | 1. /                                  |
| -        | endar year  | ( ) 0017   | (1) 2242  | ( ) 2 2 4 2   | (1) 2 2 2 2   | ( )   |                                       |
| 10)      | <b>fiscal year beginning in)</b>  | (a) 2017   | (b) 2018  | (c) 2019  | (d) 2020  | (e) 2021  | (f) Total                             |
| 2        | membership fees received. (Do not<br>include any "unusual grant.")<br>Tax revenues levied for the   | 80,625,673   | 83,899,621  | 17,744,493  | 40,856,368  | 24,185,829  | 247,311,984                           |
| Z        | organization's benefit and either<br>paid to or expended on its behalf  |  |   |   |   |   |                                       |
| 3        | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge                                 |  |   |   |   |   |                                       |
| 4        | <b>Total.</b> Add lines 1 through 3   | 80,625,673   | 83,899,621  | 17,744,493  | 40,856,368  | 24,185,829  | 247,311,984                           |
|          | The portion of total contributions<br>by each person (other than a  |  |   | , , ,   |   | ,,.   |                                       |
|          | governmental unit or publicly<br>supported organization) included   |  |   |   |   |   | 26,406,843                            |
|          | on line 1 that exceeds 2% of the amount shown on line 11, column (f).   |  |   |   |   |   |                                       |
|          | Public support. Subtract line 5 from line 4.  |  |   |   |   |   | 220,905,141                           |
| -        | ection B. Total Support   | 1  | 1   |   | 1   |   | · · · · · · · · · · · · · · · · · · · |
|          | endar year  | (a) 2017   | (b) 2018  | (c) 2019  | (d) 2020  | (e) 2021  | (f) Total                             |
| (or<br>7 | fiscal year beginning in)   | 80,625,673   | 83,899,621  | 17,744,493  | 40,856,368  | 24,185,829  | 247,311,984                           |
| 8        | Gross income from interest,   | 00,023,073   | 05,055,021  | 17,711,155  | 10,030,500  | 21,103,023  | 217,511,501                           |
| 0        | dividends, payments received on   |  |   |   |   |   |                                       |
|          | securities loans, rents, royalties<br>and income from similar sources   |  |   |   |   |   |                                       |
| 9        | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on.                                  |  |   |   |   |   |                                       |
| 10       | Other income. Do not include gain<br>or loss from the sale of capital   |  |   |   |   |   |                                       |
| 11       | assets (Explain in Part VI.)<br><b>Total support.</b> Add lines 7<br>through 10   |  |   |   |   |   | 247,311,984                           |
| 12       | Gross receipts from related activiti  | es, etc. (see inst   | ructions)   |   |   | 12  |                                       |
| 13       | First 5 years. If the Form 990 is for   | the organization'  | s first, second, th                                       | ird, fourth, or fift  | h tax year as a se  | ection $501(c)(3)$  | organization.                         |
|          | check this box and <b>stop here</b>   | -  |   |   | ,   |   | , <u>,</u>                            |
| 5        | ection C. Computation of Pu   |  |   |   |   | ×   |                                       |
|          | Public support percentage for 2021  |  |   | 11. column (f))   |   | 14  | 00 220 0/                             |
|          | Public support percentage for 2021  |  |   |   |   | 14  | 89.320 %                              |
|          | <b>33 1/3% support test—2021.</b> If the  |  |   |   |   | 15 or more check t  | 95.550 %                              |
| 109      | and <b>stop here.</b> The organization qua  | -  |   |   |   |   | - <u> </u>                            |
| ь        | <b>33</b> 1/3% support test—2020. If the  |  |   |   |   |   |                                       |
|          | box and <b>stop here.</b> The organization  | -  |   |   | -   | -   |                                       |
| 17a      | <b>10%-facts-and-circumstances test</b><br>is 10% or more, and if the organization me<br>in Part VI how the organization me                   | <b>-2021.</b> If the orgation meets the "<br>ets the "facts-an | anization did not<br>facts-and-circum<br>d-circumstances" | check a box on li<br>stances" test, che<br>test. The organi | ne 13, 16a, or 16<br>eck this box and <b>s</b><br>zation qualifies as | b, and line 14<br><b>stop here.</b> Explain<br>s a publicly suppo | n<br>orted                            |
|          | organization  |  |   |   |   |   | 🕨                                     |
| b        | <b>10%-facts-and-circumstances test</b><br>15 is 10% or more, and if the orga<br>Explain in Part VI how the organiz<br>supported organization | anization meets t<br>ation meets the '                         | he "facts-and-cir"<br>facts-and-circum                    | cumstances" test<br>nstances" test. Th                      | , check this box a<br>ne organization qu                              | and <b>stop here.</b><br>Jalifies as a publi                      |                                       |
|          |   |  |   |   |   |   |                                       |
| 18       | Private foundation. If the organiza instructions  |  |   |   |   |   |                                       |
|          |   |  |   |   |   | Schedule A  | (Form 990) 2021                       |

# Schedule A (Form 990) 2021

Page **3** 

| P  | art IIII Support Schedule f  |  |  |   |  |                      |                        |
|--|--|--|--|---|--|----------------------|------------------------|
|  | (Complete only if you  |  |  |   |  |                      | alify under Part       |
| Se   | II. If the organization<br>action A. Public Support  |  |  | ests listed beit  | w, please com  |                      |                        |
|  | ndar year  | (-) 2017   | (1) 2010   | (-) 2010  | (1) 2020   | (-) 2021             |                        |
|  | fiscal year beginning in) 🕨  | (a) 2017   | <b>(b)</b> 2018  | (c) 2019  | (d) 2020   | (e) 2021             | <b>(f)</b> Total       |
| 1  | Gifts, grants, contributions, and  |  |  |   |  |                      |                        |
|  | membership fees received. (Do not  |  |  |   |  |                      |                        |
| 2  | include any "unusual grants.") .<br>Gross receipts from admissions,  |  |  |   |  |                      |                        |
| 2  | merchandise sold or services   |  |  |   |  |                      |                        |
|  | performed, or facilities furnished in  |  |  |   |  |                      |                        |
|  | any activity that is related to the  |  |  |   |  |                      |                        |
|  | organization's tax-exempt purpose  |  |  |   |  |                      |                        |
| 3  | Gross receipts from activities that  |  |  |   |  |                      |                        |
|  | are not an unrelated trade or business under section 513   |  |  |   |  |                      |                        |
|  |  |  |  |   |  |                      |                        |
| 4  | Tax revenues levied for the  |  |  |   |  |                      |                        |
|  | organization's benefit and either  |  |  |   |  |                      |                        |
|  | paid to or expended on its behalf  |  |  |   |  |                      |                        |
|  |  |  |  |   |  |                      |                        |
| 5  | The value of services or facilities furnished by a governmental unit to  |  |  |   |  |                      |                        |
|  | the organization without charge  |  |  |   |  |                      |                        |
| 6  | Total. Add lines 1 through 5   |  |  |   |  |                      |                        |
|  | 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.)  |  |  |   |  |                      |                        |
|  | ection B. Total Support  |  |  |   |  |                      |                        |
|  |  |  |  |   |  |                      |                        |
|  | ndar year  | (a) 2017   | (b) 2018   | (c) 2019  | (d) 2020   | (e) 2021             | (f) Total              |
| (or t  | fiscal year beginning in) 🕨  | (a) 2017   | <b>(b)</b> 2018  | (c) 2019  | (d) 2020   | (e) 2021             | (f) Total              |
| (or 1<br>9   | fiscal year beginning in)<br>Amounts from line 6.  | (a) 2017   | (b) 2018   | (c) 2019  | (d) 2020   | (e) 2021             | (f) Total              |
| (or t  | fiscal year beginning in) 🕨  | (a) 2017   | (b) 2018   | (c) 2019  | (d) 2020   | (e) 2021             | (f) Total              |
| (or 1<br>9   | fiscal year beginning in)<br>Amounts from line 6<br>Gross income from interest,  | (a) 2017   | (b) 2018   | (c) 2019  | (d) 2020   | (e) 2021             | (f) Total              |
| (or 1<br>9   | fiscal year beginning in) Amounts from line 6<br>Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources   | (a) 2017   | (b) 2018   | (c) 2019  | (d) 2020   | (e) 2021             | (f) Total              |
| (or 1<br>9<br>10a  | fiscal year beginning in)<br>Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |  | (b) 2018   | (c) 2019  | (d) 2020   | (e) 2021             | (f) Total              |
| (or 1<br>9   | fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income   |  | (b) 2018   | (c) 2019  | (d) 2020   | (e) 2021             | (f) Total              |
| (or 1<br>9<br>10a  | fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from   |  | (b) 2018   | (c) 2019  | (d) 2020   | (e) 2021             | (f) Total              |
| (or 1<br>9<br>10a  | fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income   |  | (b) 2018   | (c) 2019  | (d) 2020   | (e) 2021             | (f) Total              |
| (or 1<br>9<br>10a  | fiscal year beginning in)<br>Amounts from line 6<br>Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources<br><br>Unrelated business taxable income<br>(less section 511 taxes) from<br>businesses acquired after June 30,  |  | (b) 2018   | (c) 2019  | (d) 2020   | (e) 2021             | (f) Total              |
| (or 1<br>9<br>10a<br>b   | fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated   |  | (b) 2018   | (c) 2019  | (d) 2020   | (e) 2021             | (f) Total              |
| (or 1<br>9<br>10a<br>b   | <ul> <li>Fiscal year beginning in)</li> <li>Amounts from line 6</li> <li>Gross income from interest,<br/>dividends, payments received on<br/>securities loans, rents, royalties<br/>and income from similar sources</li> <li>Unrelated business taxable income<br/>(less section 511 taxes) from<br/>businesses acquired after June 30,<br/>1975.</li> <li>Add lines 10a and 10b.</li> <li>Net income from unrelated<br/>business activities not included on</li> </ul>  |  | (b) 2018   | (c) 2019  | (d) 2020   | (e) 2021             | (f) Total              |
| (or 1<br>9<br>10a<br>b   | <ul> <li>Fiscal year beginning in)</li> <li>Amounts from line 6</li> <li>Gross income from interest,<br/>dividends, payments received on<br/>securities loans, rents, royalties<br/>and income from similar sources</li> <li>Unrelated business taxable income<br/>(less section 511 taxes) from<br/>businesses acquired after June 30,<br/>1975.</li> <li>Add lines 10a and 10b.</li> <li>Net income from unrelated<br/>business activities not included on<br/>line 10b, whether or not the</li> </ul>   |  | (b) 2018   | (c) 2019  | (d) 2020   | (e) 2021             | (f) Total              |
| (or 1<br>9<br>10a<br>b<br>c<br>11  | <ul> <li>Fiscal year beginning in)</li> <li>Amounts from line 6</li> <li>Gross income from interest,<br/>dividends, payments received on<br/>securities loans, rents, royalties<br/>and income from similar sources</li> <li>Unrelated business taxable income<br/>(less section 511 taxes) from<br/>businesses acquired after June 30,<br/>1975.</li> <li>Add lines 10a and 10b.</li> <li>Net income from unrelated<br/>business activities not included on</li> </ul>  |  | (b) 2018   | (c) 2019  | (d) 2020   | (e) 2021             | (f) Total              |
| (or 1<br>9<br>10a<br>b<br>c<br>11  | <ul> <li>Amounts from line 6</li> <li>Gross income from interest,<br/>dividends, payments received on<br/>securities loans, rents, royalties<br/>and income from similar sources</li> <li>Unrelated business taxable income<br/>(less section 511 taxes) from<br/>businesses acquired after June 30,<br/>1975.</li> <li>Add lines 10a and 10b.</li> <li>Net income from unrelated<br/>business activities not included on<br/>line 10b, whether or not the<br/>business is regularly carried on.</li> </ul>  |  | (b) 2018   | (c) 2019  | (d) 2020   | (e) 2021             | (f) Total              |
| (or 1<br>9<br>10a<br>b<br>c<br>11  | fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources Unrelated business taxable income<br>(less section 511 taxes) from<br>businesses acquired after June 30,<br>1975. Add lines 10a and 10b. Net income from unrelated<br>business activities not included on<br>line 10b, whether or not the<br>business is regularly carried on. Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |  | (b) 2018   | (c) 2019  | (d) 2020   | (e) 2021             | (f) Total              |
| (or 1<br>9<br>10a<br>b<br>c<br>11  | <ul> <li>Fiscal year beginning in)</li> <li>Amounts from line 6</li> <li>Gross income from interest,<br/>dividends, payments received on<br/>securities loans, rents, royalties<br/>and income from similar sources</li> <li>Unrelated business taxable income<br/>(less section 511 taxes) from<br/>businesses acquired after June 30,<br/>1975.</li> <li>Add lines 10a and 10b.</li> <li>Net income from unrelated<br/>business activities not included on<br/>line 10b, whether or not the<br/>business is regularly carried on.</li> <li>Other income. Do not include gain<br/>or loss from the sale of capital<br/>assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c,</li> </ul>   |  | (b) 2018   | (c) 2019  | (d) 2020   | (e) 2021             | (f) Total              |
| (or 1<br>9<br>10a<br>b<br>c<br>11<br>12<br>13  | <ul> <li>Amounts from line 6</li> <li>Gross income from interest,<br/>dividends, payments received on<br/>securities loans, rents, royalties<br/>and income from similar sources</li> <li>Unrelated business taxable income<br/>(less section 511 taxes) from<br/>businesses acquired after June 30,<br/>1975.</li> <li>Add lines 10a and 10b.</li> <li>Net income from unrelated<br/>business activities not included on<br/>line 10b, whether or not the<br/>business is regularly carried on.</li> <li>Other income. Do not include gain<br/>or loss from the sale of capital<br/>assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c,<br/>11, and 12.).</li> </ul>  |  |  |   |  |                      |                        |
| (or 1<br>9<br>10a<br>b<br>c<br>11  | <ul> <li>Fiscal year beginning in)</li> <li>Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.</li> <li>Add lines 10a and 10b.</li> <li>Net income from unrelated business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) .</li> <li>First 5 years. If the Form 990 is for</li> </ul>  | the organization'  | s first, second,   | third, fourth, or   | fifth tax year as  | a section 501(c)     | (3) organization,      |
| (or 1<br>9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14  | <ul> <li>Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for check this box and stop here</li></ul>  | the organization'  | s first, second,   | third, fourth, or   | fifth tax year as  | a section 501(c)     | (3) organization,      |
| (or 1<br>9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>Se  | <ul> <li>Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) .</li> <li>First 5 years. If the Form 990 is for check this box and stop here</li> </ul>   | the organization'  | s first, second,   | third, fourth, or   | fifth tax year as  | a section 501(c)     | (3) organization,      |
| (or 1<br>9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br><u>Se</u><br>15                                 | <ul> <li>Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for check this box and stop here</li></ul>   | the organization'  | s first, second,<br>ercentage  | third, fourth, or   | i         i            | a section 501(c)     | (3) organization,      |
| (or 1<br>9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br><u>Se</u><br>15<br>16                           | <ul> <li>Fiscal year beginning in)</li> <li>Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.</li> <li>Add lines 10a and 10b.</li> <li>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.).</li> <li>First 5 years. If the Form 990 is for check this box and stop here</li></ul>  | the organization'<br><br>lic Support P<br>line 8, column (f<br>0 Schedule A, P   | s first, second,<br><b>ercentage</b><br>f) divided by lin<br>art III, line 15  | third, fourth, or<br>   | i         i            | a section 501(c)     | (3) organization,      |
| (or 1<br>9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br><u>Se</u><br>15<br>16<br><u>Se</u>              | <ul> <li>Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.</li> <li>Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) .</li> <li>First 5 years. If the Form 990 is for check this box and stop here</li></ul>   | the organization'<br><br>lic Support P<br>(line 8, column (†<br>20 Schedule A, P<br>estment Inco   | s first, second,<br>ercentage<br>f) divided by lin<br>art III, line 15<br>ome Percent  | third, fourth, or<br>e 13, column (f)   | i         i           i         i           i         i           i         i           i         i           i         i           i         i  | a section 501(c)     | (3) organization,      |
| (or 1<br>9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br><u>Se</u><br>15<br>16<br><u>Se</u><br>17        | <ul> <li>Fiscal year beginning in)</li> <li>Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.</li> <li>Add lines 10a and 10b.</li> <li>Net income from unrelated business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.).</li> <li>First 5 years. If the Form 990 is for check this box and stop here</li></ul>   | the organization'<br><br>lic Support P<br>line 8, column (f<br>0 Schedule A, P<br>estment Inco<br>2021 (line 10c, co   | s first, second,<br><b>ercentage</b><br>f) divided by lin<br>art III, line 15<br><b>ome Percent</b><br>plumn (f) divide  | third, fourth, or<br>   | fifth tax year as  | a section 501(c)<br> | (3) organization,      |
| (or 1<br>9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br><u>56</u><br>15<br>16<br>56<br>17<br>18         | <ul> <li>Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.</li> <li>Add lines 10a and 10b.</li> <li>Net income from unrelated business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) .</li> <li>First 5 years. If the Form 990 is for check this box and stop here</li></ul>   | the organization'<br><br>lic Support P<br>(line 8, column (t<br>20 Schedule A, P<br>estment Inco<br>2021 (line 10c, co<br>a 2020 Schedule  | s first, second,<br>ercentage<br>f) divided by lin<br>art III, line 15<br>pme Percent<br>plumn (f) divide<br>A, Part III, line   | third, fourth, or<br>e 13, column (f)<br><br>age<br>d by line 13, column<br>e 17  | i         i           i         i           i         i           i         i           i         i           i         i           i         i           i         i           i         i           i         i           i         i           i         i           i         i  | a section 501(c)<br> | (3) organization,      |
| (or 1<br>9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br><u>56</u><br>15<br>16<br>56<br>17<br>18         | <ul> <li>Amounts from line 6.</li> <li>Gross income from interest,<br/>dividends, payments received on<br/>securities loans, rents, royalties<br/>and income from similar sources</li> <li>Unrelated business taxable income<br/>(less section 511 taxes) from<br/>businesses acquired after June 30,<br/>1975.</li> <li>Add lines 10a and 10b.</li> <li>Net income from unrelated<br/>business activities not included on<br/>line 10b, whether or not the<br/>business is regularly carried on.</li> <li>Other income. Do not include gain<br/>or loss from the sale of capital<br/>assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c,<br/>11, and 12.).</li> <li>First 5 years. If the Form 990 is for<br/>check this box and stop here.</li> <li>ection C. Computation of Pub</li> <li>Public support percentage from 2021</li> <li>public support percentage from 2021</li> <li>investment income percentage from<br/>331/3% support tests-2021. If the computation of page 100</li> </ul> | the organization'<br><br>lic Support P<br>(line 8, column (1<br>20 Schedule A, P<br>estment Incc<br>2021 (line 10c, co<br>a 2020 Schedule<br>rganization did r   | s first, second,<br>ercentage<br>f) divided by lin<br>art III, line 15<br>me Percent<br>blumn (f) divide<br>A, Part III, line  | third, fourth, or<br>third, fourth, or<br>e 13, column (f)<br><br>age<br>d by line 13, colu<br>e 17<br>bx on line 14, an  | i         i           fifth tax year as         i           i         i           i         i           i         i           i         i           i         i           i         i           i         i           i         i           i         i           i         i           i         i           i         i           i         i           i         i           i         i           i         i           i         i           i         i  | a section 501(c)<br> | (3) organization,<br>▶ |
| (or 1<br>9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>5<br>6<br>15<br>16<br>5<br>6<br>17<br>18<br>19a | <ul> <li>Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.</li> <li>Add lines 10a and 10b.</li> <li>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li></ul>   | the organization'<br><b>lic Support P</b><br>(line 8, column (1<br>20 Schedule A, P<br><b>estment Inco</b><br>2021 (line 10c, co<br>a 2020 Schedule<br>rganization did r<br>hd stop here. The  | s first, second,<br>ercentage<br>f) divided by lin<br>art III, line 15<br>me Percent<br>blumn (f) divide<br>A, Part III, line<br>to check the be<br>e organization q                                       | third, fourth, or<br>third, fourth, or<br>e 13, column (f)<br><br>age<br>d by line 13, colu<br>e 17<br>bx on line 14, an<br>ualifies as a put   | iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii   | a section 501(c)<br> | (3) organization,<br>▶ |
| (or 1<br>9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>5<br>6<br>15<br>16<br>5<br>6<br>17<br>18<br>19a | <ul> <li>Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.</li> <li>Add lines 10a and 10b.</li> <li>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li></ul>   | the organization'<br><b>Lic Support P</b><br>(line 8, column (1<br>20 Schedule A, P<br><b>estment Inco</b><br>2021 (line 10c, co<br>a 2020 Schedule<br>irganization did r<br>ad stop here. The<br>organization did                                   | s first, second,<br>ercentage<br>f) divided by lin<br>art III, line 15<br>me Percent<br>blumn (f) divide<br>A, Part III, line<br>to check the be<br>e organization q<br>not check a bo                     | third, fourth, or<br>third, foure | iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii   | a section 501(c)<br> | (3) organization,<br>▶ |
| (or 1<br>9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>5<br>6<br>15<br>16<br>5<br>6<br>17<br>18<br>19a | <ul> <li>Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.</li> <li>Add lines 10a and 10b.</li> <li>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li></ul>   | the organization'<br><b>lic Support P</b><br>(line 8, column (f<br>20 Schedule A, P<br><b>estment Inco</b><br>2021 (line 10c, co<br>a 2020 Schedule<br>rganization did r<br>ad <b>stop here.</b> The<br>organization did<br>box and <b>stop here</b> | s first, second,<br>ercentage<br>f) divided by lin<br>art III, line 15<br>me Percent<br>blumn (f) divide<br>A, Part III, line<br>to check the be<br>e organization q<br>not check a bo<br>are. The organiz | third, fourth, or<br>third, foure | fifth tax year as<br>interference of the second secon | a section 501(c)<br> | (3) organization,<br>  |

| _            | edule A (Form 990) 2021 TIV Supporting Organizations  |     |         | age <b>4</b> |  |  |  |
|--------------|---|-----|---------|--------------|--|--|--|
| 1 3          | (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A  | and | B. If v | ou           |  |  |  |
| chec<br>chec |   |     |         |              |  |  |  |
|              | ection A. All Supporting Organizations  |     |         |              |  |  |  |
|              |   |     | Yes     | No           |  |  |  |
| 1            | Are all of the organization's supported organizations listed by name in the organization's governing documents?   |     |         |              |  |  |  |
|              | If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1   |         |              |  |  |  |
| 2            | Did the organization have any supported organization that does not have an IRS determination of status under  |     |         |              |  |  |  |
|              | section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).  | 2   |         |              |  |  |  |
| 3a           | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines  |     |         |              |  |  |  |
|              | 3b and 3c below.  | 3a  |         |              |  |  |  |
| b            | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and  |     |         |              |  |  |  |
|              | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization   |     |         |              |  |  |  |
|              | made the determination.   | 3b  |         |              |  |  |  |
| с            | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)  |     |         |              |  |  |  |
|              | purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   | 3c  |         |              |  |  |  |
| 4a           | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if   |     |         |              |  |  |  |
|              | you checked box 12a or 12b in Part I, answer lines 4b and 4c below.   | 4a  |         |              |  |  |  |
| b            | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported   |     |         |              |  |  |  |
|              | organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled  | 4b  |         |              |  |  |  |
| ~            | or supervised by or in connection with its supported organizations.<br>Did the organization support any foreign supported organization that does not have an IRS determination under  |     |         |              |  |  |  |
| С            | sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that   |     |         |              |  |  |  |
|              | all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.   |     |         |              |  |  |  |
| 5a           | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer<br>lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the<br>supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the |     |         |              |  |  |  |
|              |   |     |         |              |  |  |  |
|              | poported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the<br>manization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by   |     |         | 1            |  |  |  |
|              | amendment to the organizing document).  | 5a  |         |              |  |  |  |
| b            | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  | 5b  |         |              |  |  |  |
| с            | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c  |         |              |  |  |  |
| 6            | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone   |     |         |              |  |  |  |
|              | other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or  |     |         |              |  |  |  |
|              | more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of  |     |         |              |  |  |  |
|              | the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>  | 6   |         |              |  |  |  |
| 7            | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor $(defined in contributor = 2.5\%)$  |     |         |              |  |  |  |
|              | (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).  | -   |         |              |  |  |  |
| 8            | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If  | 7   |         |              |  |  |  |
| 0            | "Yes," complete Part I of Schedule L (Form 990).  |     |         |              |  |  |  |
| 0-           |   | 8   |         |              |  |  |  |
| эa           | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)  |     |         |              |  |  |  |
|              | (1) or (2))? If "Yes," provide detail in <b>Part VI</b> .   | 9a  |         |              |  |  |  |
| b            | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the   |     |         |              |  |  |  |
|              | supporting organization had an interest? If "Yes," provide detail in Part VI.   | 9b  |         |              |  |  |  |
| с            | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,   |     |         |              |  |  |  |
| -            | assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .  | 9c  |         |              |  |  |  |
| 10a          | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f)   |     |         |              |  |  |  |
| 2.54         | (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting  |     |         |              |  |  |  |
|              | organizations)? If "Yes," answer line 10b below.  |     |         |              |  |  |  |
| b            | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine  |     |         |              |  |  |  |
|              | whether the organization had excess business holdings).   | 10b |         |              |  |  |  |
|              | Sahadula /  |     |         |              |  |  |  |

| Sche     | edule A (Form 990) 2021   |            | Р    | age <b>5</b> |  |  |
|----------|---|------------|------|--------------|--|--|
| Pa       | rt IV Supporting Organizations (continued)  |            | -    |              |  |  |
|          |   |            | Yes  | No           |  |  |
| 11       | Has the organization accepted a gift or contribution from any of the following persons?   |            |      |              |  |  |
| а        | 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?   | 11-        |      |              |  |  |
| <b>b</b> | A family membry of a neuron described on 11a above?   | 11a        |      |              |  |  |
|          | A family member of a person described on 11a above?   | 11b<br>11c |      |              |  |  |
| C        | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .  | 110        |      |              |  |  |
| Se       | ection B. Type I Supporting Organizations   |            |      |              |  |  |
|          |   |            | Yes  | No           |  |  |
| 1        | 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | -          |      |              |  |  |
| 2        |   | 1          |      |              |  |  |
| 2        | that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting   |            |      |              |  |  |
|          | organization.   |            |      |              |  |  |
| Se       | ection C. Type II Supporting Organizations  |            |      |              |  |  |
|          |   |            | Yes  | No           |  |  |
| 1        | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or   |            |      |              |  |  |
|          | trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported  | 1          |      |              |  |  |
| - 54     | ection 2D. A(I) Type III Supporting Organizations   |            |      |              |  |  |
|          | ection D. Air Type III Supporting Organizations   |            | Yes  | No           |  |  |
| 1        | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |            | Tes  | NU           |  |  |
| •        | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax<br>year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |            |      |              |  |  |
|          | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1          |      |              |  |  |
| 2        | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  |            |      |              |  |  |
| 2        |   | 2          |      |              |  |  |
| 3        | By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or   |            |      |              |  |  |
|          | assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations   | 3          |      |              |  |  |
| Se       | ection É. ກິ່ງກໍ່ອີມີໄອ Functionally-Integrated Supporting Organizations  |            |      |              |  |  |
| 1        | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst   | ructio     | ns): |              |  |  |
| a        | <b>a</b> $\square$ The organization satisfied the Activities Test. Complete <b>line 2</b> below.  |            |      |              |  |  |
| ł        | The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |            |      |              |  |  |
| c        | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity instructions)  | (see       |      |              |  |  |
| 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  |            | 165  | No           |  |  |
| c        | supported organizations and explain how these activities directly further direct and the exempt purposes of the supported organization (s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those</b> supported organization was responsive to those supported organizations, and how the organization determined that these activities  |            |      |              |  |  |
| ł        | <ul> <li>constituted substantially all of its activities.</li> <li>Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's hord the organization's notice but for the organization's notice but for the organization's notice but for the organization's hord the organization's ho</li></ul> | 2a         |      |              |  |  |
| 2        | -   | 2b         |      |              |  |  |
| 3<br>a   | Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b><br>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of  | 3a         |      |              |  |  |
| ł        | each of the supported organizations? <i>If "Yes" or "No", provide details in <b>Part VI.</b><br/>• Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of</i>  |            |      |              |  |  |
|          | its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.  | Зh         |      |              |  |  |

| orm 990) 2021             | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations |  |
|---------------------------|---|--|
| chedule A (Form 990) 2021 | tV Type II  |  |
| Sched                     | Par   |  |

| I VI   | ugh                                 |
|--|-------------------------------------|
| in Part                                      | A throi                             |
| xplain I                                     | ctions .                            |
| 70 (e.                                       | te Sec                              |
| lifying trust on Nov. 20, 1970 ( <i>expl</i> | rting organizations must complete S |
| Nov.   | must c                              |
| ng trust on No                               | ations mu                           |
| 'ing tr                                      | ganiza                              |
| qualify                                      | ing or                              |
| t as a                                       | upport                              |
| ral Part Test as a quali                     | tegrated s                          |
| gral Pa                                      | integr                              |
| e Inte                                       | onally                              |
| atisfied th                                  | functi                              |
| n satisi                                     | I non-                              |
| Janization satisfied the Integral            | ther Type III non-funct             |
| organ  | other 7                             |
| k here if the orga                           | ions. All o                         |
| Check here if                                |                                     |
| Chec   | instruct                            |
|  |                                     |
| _  |                                     |

| Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in Part VI</i> ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | trust on Nov<br>izations must o | complete Sectic | ons A through E.                                      |
|---|---------------------------------|-----------------|---|
| Section A - Adjusted Net Income   | (A)                             | (A) Prior Year  | (B) Current Year<br>(optional)                        |
| 1 Net short-term capital gain   | 1                               |                 |   |
| 2 Recoveries of prior-year distributions  | 2                               |                 |   |
| 3 Other gross income (see instructions)   | 3                               |                 |   |
| 4 Add lines 1 through 3   | 4                               |                 |   |
| 5 Depreciation and depletion  | 5                               |                 |   |
| 6 Portion of operating expenses paid or incurred for production or collection of<br>gross income or for management, conservation, or maintenance of property held<br>for production of income (see instructions)  | 9                               |                 |   |
| 7 Other expenses (see instructions)   | 7                               |                 |   |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)   | 8                               |                 |   |
| Section B - Minimum Asset Amount  | (V)                             | (A) Prior Year  | <ul><li>(B) Current Year</li><li>(optional)</li></ul> |
| <ol> <li>Aggregate fair market value of all non-exempt-use assets (see instructions for<br/>short tax year or assets held for part of year):</li> </ol>   | 1                               |                 |   |
| a Average monthly value of securities   | 1a                              |                 |   |
| <b>b</b> Average monthly cash balances  | 1b                              |                 |   |
| c Fair market value of other non-exempt-use assets  | 1c                              |                 |   |
| d Total (add lines 1a, 1b, and 1c)  | 1d                              |                 |   |
| e Discount claimed for blockage or other factors (explain in detail in Part VI):  |                                 |                 |   |
| 2 Acquisition indebtedness applicable to non-exempt use assets  | 2                               |                 |   |
| 3 Subtract line 2 from line 1d  | 3                               |                 |   |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  | 4                               |                 |   |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5                               |                 |   |
| 6 Multiply line 5 by 0.035  | 6                               |                 |   |
| 7 Recoveries of prior-year distributions  | 7                               |                 |   |
| 8 Minimum Asset Amount (add line 7 to line 6)   | 8                               |                 |   |
| Section C - Distributable Amount  |                                 |                 | Current Year  |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)   | 1                               |                 |   |
| 2 Enter 85% of line 1   | 2                               |                 |   |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)  | e                               |                 |   |
| 4 Enter greater of line 2 or line 3   | 4                               |                 |   |
| 5 Income tax imposed in prior year  | 5                               |                 |   |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 9                               |                 |   |
| 7 🗌 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see   | y-integrated T                  | ype III support | ting organization (se                                 |
| ווופנו מכנוטווא   |                                 |                 |   |

| Part V Type III Non-Functionally Integrat   | ted 509(a)(3) Support        | ting     | (         | continue | 20)                              |
|---|------------------------------|----------|-----------|----------|----------------------------------|
| Section D <sup>Or</sup> Distributions   |                              |          | 1         |          | Current Year                     |
| 1 Amounts paid to supported organizations to accompli   | ish exempt purposes          |          | 1         |          |                                  |
| 2 Amounts paid to perform activity that directly further  | s exempt purposes of suppo   | rted     |           |          |                                  |
| organizations, in<br>excess of income from activity   | 2                            |          |           |          |                                  |
| 3 Administrative expenses paid to accomplish exempt   | 3                            |          |           |          |                                  |
| <b>4</b> Amounts paid to acquire exempt-use assets  | 4                            |          |           |          |                                  |
| 5 Qualified set-aside amounts (prior IRS approval requir  | 5                            |          |           |          |                                  |
| 6 Other distributions ( <i>describe in Part VI</i> ). See instruc   | 6                            |          |           |          |                                  |
| <ul><li>7 Total annual distributions. Add lines 1 through 6.</li></ul>  | 7                            |          |           |          |                                  |
| •   |                              |          | <i>'</i>  |          |                                  |
| 8 Distributions to attentive supported organizations to provide<br>details in <b>Part VI</b> ). See instructions  | which the organization is re | sponsive | 8         |          |                                  |
| <ul><li>9 Distributable amount for 2021 from Section C, line 6</li></ul>  |                              |          | 9         |          |                                  |
|   |                              |          |           |          |                                  |
| 10 Line 8 amount divided by Line 9 amount   |                              | (        | 10<br>ii) | l        | (iii)                            |
| Section E - Distribution Allocations<br>(see instructions)  | (i)<br>Excess Distributions  | Underdis | -         | ions     | Distributable<br>Amount for 2021 |
| 1 Distributable amount for 2021 from Section C, line 6  |                              |          |           |          |                                  |
| 2 Underdistributions, if any, for years prior to 2021<br>(reasonable cause required <i>explain in Part VI</i>   |                              |          |           |          |                                  |
| See instructions.   |                              |          |           |          |                                  |
| <b>3</b> Excess distributions carryover, if any, to 2021:   |                              |          |           |          |                                  |
| <b>a</b> From 2016  |                              |          |           |          |                                  |
| <b>b</b> From 2017  |                              |          |           |          |                                  |
| <b>c</b> From 2018  |                              |          |           |          |                                  |
| <b>d</b> From 2019  |                              |          |           |          |                                  |
| f Total of lines 3a through e   |                              |          |           |          |                                  |
| g Applied to underdistributions of prior years  |                              |          |           |          |                                  |
| h Applied to 2021 distributable amount  |                              |          |           |          |                                  |
| <ul> <li>Carryover from 2016 not applied (see instructions)</li> </ul>  |                              |          |           |          |                                  |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                              |          |           |          |                                  |
| 4 Distributions for 2021 from Section D, line 7:<br>\$  |                              |          |           |          |                                  |
| <b>a</b> Applied to underdistributions of prior years   |                              |          |           |          |                                  |
| <b>b</b> Applied to 2021 distributable amount   |                              |          |           |          |                                  |
| c Remainder. Subtract lines 4a and 4b from line 4.  |                              |          |           |          |                                  |
| <ul> <li>5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i></li> </ul>     |                              |          |           |          |                                  |
| See instructions.   |                              |          |           |          |                                  |
| <ul> <li>6 Remaining underdistributions for 2021. Subtract<br/>lines 3h and 4b from line 1. If the amount is greater<br/>than zero, <i>explain in Part VI</i>. See instructions.</li> </ul> |                              |          |           |          |                                  |
| <b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |                              |          |           |          |                                  |
| 8 Breakdown of line 7:  |                              |          |           |          |                                  |
| <b>a</b> Excess from 2017   |                              |          |           |          |                                  |
| b Excess from 2018  |                              |          |           |          |                                  |
| <b>d</b> Excess from 2020   |                              |          |           |          |                                  |
|   |                              |          |           |          |                                  |

| Schedule A (Form 990) 2021  |   |
|---|---|
| Explanation   | Return Reference  |
|   |   |
|   |   |
| Facts And Circumstances Test  |   |
|   |   |
| / Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any<br>See instructions). | Section B, line 1e; Part V Section D, lines additional information. (See instructions). |
| Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V,  | Section C, line 1; Part I   |
| 1 2 2h 3c 4h 4c Eo 6 0o 0h 0c 11o 11h and 11c Dout IV Soction B lines 1 and 2. Dout IV  | Dart IV Coction A linos   |



Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Page 8

**Additional Data** 

**Return to Form** 

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| SC     | HEDULE D                             | Suppleme   | OMB No. 1545-0047                                     |  |                            |                               |
|--------|--------------------------------------|--|---|--|----------------------------|-------------------------------|
| (For   | rm 990)                              |  | ntal Financial S                                      |  |                            | 2021                          |
|        |                                      |  | rganization answered "<br>, 10, 11a, 11b, 11c, 11d,   |  | b.                         |                               |
|        | rtment of the Treasury               |  | Attach to Form 990.                                   |  |                            | Open to Public                |
|        | nal Revenue Service                  | Go to <u>www.irs.gov/For</u>   | m990 for instructions a                               | and the latest inform                          | 1                          | Inspection<br>fication number |
| UN     |                                      | ELIEF & DEVELOPMENT  |   |  |                            |                               |
| -      |                                      | zations Maintaining Donor A  | dvised Funds or O                                     | ther Similar Fu                                | 27-3175543<br>nds or Accou | nts.                          |
|        |                                      | te if the organization answered  | "Yes" on Form 990, P                                  | Part IV, line 6.                               |                            |                               |
|        | <b>T</b> . <b>b</b> . 1 <b>b b</b> . |  | (a) Donor advi  | ised funds                                     | (b) Funds a                | nd other accounts             |
| 1<br>2 |                                      | end of year<br>of contributions to (during year)   |   |  |                            |                               |
| 3      |                                      | of grants from (during year)   |   |  |                            |                               |
| 4      |                                      | at end of year   |   |  |                            |                               |
| 5      | Did the organiza                     | ation inform all donors and donor adv  | visors in writing that the                            | e assets held in dono                          | r advised funds a          | re                            |
|        | -                                    | n's property, subject to the organizat   | -   |  |                            | Yes No                        |
| 6      |                                      | ation inform all grantees, donors, and   |   |  |                            | or                            |
|        |                                      | oses and not for the benefit of the dor<br>private benefit?  |   |  |                            | Yes No                        |
| Ра     | rt III Conser                        | vation Easements.  |   |  |                            | E E                           |
|        |                                      | te if the organization answered  |   |  |                            |                               |
| 1      |                                      | onservation easements held by the o<br>n of land for public use (e.g., recreati  | · · ·   | hat apply).<br>Preservation of an l            | nistorically impor         | tant land area                |
|        | _                                    | of natural habitat   |   | Preservation of a ce                           | , ,                        |                               |
|        |                                      | n of open space  | 1   |  |                            |                               |
| 2      |                                      | 2a through 2d if the organization hel  | d a qualified conservation                            | on contribution in th                          | e form of a conse          | rvation                       |
| 2      |                                      | e last day of the tax year.  |   |  |                            | he End of the Year            |
| а      | Total number of                      | conservation easements   |   |  | 2a                         |                               |
| b      |                                      | estricted by conservation easements  |   | L  | 2b                         |                               |
| с      |                                      | ervation easements on a certified his  | storic structure included                             | in (a)   | 2c                         |                               |
| d      |                                      | ervation easements included in (c) a<br>re listed in the National Register   |   | and not on a                                   | 2d                         |                               |
| 3      | Number of cons<br>tax year 🕨         | ervation easements modified, transfe   | erred, released, extingui                             | ished, or terminated                           | by the organizati          | on during the                 |
| 4      | Number of state                      | es where property subject to conserv   | ation easement is locat                               | ed 🕨   |                            |                               |
| 5      |                                      | zation have a written policy regardin<br>enforcement of the conservation eas   |   |  | ing of                     | Yes 🔽 No                      |
| 6      | Staff and volunt<br>year             | teer hours devoted to monitoring, ins  | pecting, handling of vio                              | lations, and enforcir                          | ng conservation e          | asements during the           |
| 7      | Amount of expe                       | nses incurred in monitoring, inspecti  | ng, handling of violatior                             | ns, and enforcing co                           | nservation easem           | ents during the year          |
| 8      |                                      | ervation easement reported on line 3<br>on 170(h)(4)(B)(ii)?   |   |  |                            | Yes 🔽 No                      |
| 9      | balance sheet, a                     | scribe how the organization reports or<br>and include, if applicable, the text of<br>n's accounting for conservation ease                                      | the footnote to the org                               |  | •                          | -                             |
| Pa     | rt IIII Organi                       | zations Maintaining Collection   | ons of Art, Historic                                  |  | r Other Simil              | ar Assets.                    |
| 1a     | If the organizat of art, historica   | te if the organization answered<br>ion elected, as permitted under FASI<br>I treasures, or other similar assets he<br>e, in Part XIII, the text of the footnot | B ASC 958, not to repor<br>eld for public exhibition, | t in its revenue stat<br>, education, or resea | rch in furtherance         |                               |
| Ь      | If the organizat art, historical tr  | ion elected, as permitted under FASI<br>reasures, or other similar assets held<br>owing amounts relating to these item   | 3 ASC 958, to report in for public exhibition, e      | its revenue stateme                            | nt and balance sl          |                               |
|        | (i) Revenue includ                   | ded on Form 990, Part VIII, line 1 $\cdot$   |   |  | ►\$                        |                               |
| (      | ii)Assets included                   | d in Form 990, Part X · · · · · ·  |   |  | 🕨 \$                       |                               |
| 2      | following amou                       | ion received or held works of art, his<br>nts required to be reported under FA   | SB ASC 958 relating to                                | these items:                                   |                            |                               |
| а      | Revenue includ                       | ed on Form 990, Part VIII, line 1 $\cdot$ $\cdot$  |   |  | <b>Þ</b> \$                |                               |
| b      |                                      | l in Form 990, Part X  |   |  |                            |                               |
| For    | Paperwork Reduc                      | tion Act Notice, see the Instructions  | for Form 990.   | Cat. No.<br>52283D                             |                            | dule D (Form 990) 2021        |
|        |                                      |  |   | 522050   |                            |                               |

| Sche     | edule D (Form 990) 2021   |                              |                   |           |                  |               |           |           |                |            |                            | Page <b>2</b> |
|----------|---|------------------------------|-------------------|-----------|------------------|---------------|-----------|-----------|----------------|------------|----------------------------|---------------|
|          | t IIII Organizations M  |                              |                   |           |                  |               |           |           |                |            |                            | ntinued)      |
| 3        | Using the organization's acc<br>collection items (check all t   |                              | ion, and ot       | her reco  | ords, che        | ck any of     | the follo | wing tha  | it are a signi | ficant use | e of its                   |               |
| а        | Public exhibition   |                              |                   |           | d                | Loan          | or exch   | ange pro  | grams          |            |                            |               |
| b        | Scholarly research  |                              |                   |           | e                | ☐ Othe        | r         |           |                |            |                            |               |
| с        | Preservation for future   | generations                  |                   |           |                  |               |           |           |                |            |                            |               |
| 4        | Provide a description of the<br>Part XIII.  | organization's c             | ollections        | and expl  | ain how          | they furth    | er the o  | rganizat  | on's exempt    | purpose    | in                         |               |
| 5        | During the year, did the org  |                              |                   |           |                  |               |           |           |                |            |                            |               |
| Pa       | assets to be sold to raise fue to the sold to raise fue to be sold to raise fue to be sold to raise fue to be sold to be |                              |                   |           |                  | i the orga    | mzation   | s conect  | 10117          | Yes        | No                         |               |
|          | Complete if the or<br>Part X, line 21.  | ganization and               | wered "Y          | 'es" on   | Form 9           | 90, Part      | IV, line  | 9, or r   | eported an     | amount     | on Form                    | 990,          |
| 1a       | Is the organization an agen<br>included on Form 990, Part   |                              |                   |           |                  |               |           |           |                | Yes        | No                         |               |
| b        | If "Yes," explain the arrang  | ement in Part XI             | II and com        | nlete th  | e follow         | na table:     |           |           | Å              | Amount     |                            | _             |
| c        | Beginning balance   |                              |                   | •         |                  | -             |           | 1c        |                |            |                            | _             |
| d        | Additions during the year .   |                              |                   |           |                  |               |           | 1d        |                |            |                            | _             |
| е        | Distributions during the yea  |                              |                   |           |                  |               |           | 1e        |                |            |                            | _             |
| f        | Ending balance  |                              |                   |           |                  |               |           | 1f        |                |            |                            | _             |
| 2a       | Did the organization include  | e an amount on               | Form 990 <i>.</i> | Part X,   | line 21 <i>.</i> | for escrow    | or cust   | odial acc | ount liabilitv | ? Yes      | ∏ No                       | _             |
|          |   |                              |                   |           |                  |               |           |           |                |            |                            |               |
| b        | If "Yes," explain the arrang  |                              | III. Check        | here if t | he expla         | nation has    | s been p  | rovided   | n Part XIII    | ••••       |                            |               |
| Ра       | rt V Endowment Fun<br>Complete if the or  |                              | wered "Y          | 'es" on   | Form 9           | 90 Part       | IV line   | 10        |                |            |                            |               |
|          |   | gamzation and                | (a) Curre         |           |                  | Prior year    |           | years bad | k (d) Three y  | ears back  | (e) Four yea               | rs back       |
| 1a       | Beginning of year balance .   |                              |                   |           | -                |               |           |           |                |            |                            |               |
| b        | Contributions   |                              |                   |           |                  |               |           |           |                |            |                            |               |
| с        | Net investment earnings, ga   | ins, and losses              |                   |           |                  |               |           |           |                |            |                            |               |
| d        | Grants or scholarships .  |                              | l                 |           |                  |               |           |           | 1              | 1          |                            |               |
|          | Other expenditures for facili   |                              |                   |           |                  |               |           |           |                |            |                            |               |
|          | and programs  |                              |                   |           |                  |               |           |           |                |            |                            |               |
| f        | Administrative expenses .   |                              |                   |           |                  |               |           |           |                |            |                            |               |
| g        | End of year balance   |                              |                   |           |                  |               |           |           |                |            |                            |               |
| 2        | Provide the estimated perce   | -                            | rent year e       | end bala  | nce (line        | 1g, colun     | nn (a)) ł | neld as:  |                |            |                            |               |
| а        | Board designated or quasi-  | endowment 🕨                  |                   |           |                  |               |           |           |                |            |                            |               |
| b        | Permanent endowment   |                              |                   |           |                  |               |           |           |                |            |                            |               |
| С        |   |                              | المنتحة المانية   | 1000/     |                  |               |           |           |                |            |                            |               |
| 3a       | The percentages on lines 2<br>Are there endowment funds   |                              |                   |           | ization t        | hat are he    | ld and a  | dministe  | red for the    |            |                            |               |
| 54       | organization by:  | not in the pool              |                   | ie organ  |                  |               | a ana a   | annioce   |                | _          | Yes                        | No            |
|          | (i) Unrelated organizations   |                              |                   |           |                  | • •           |           |           |                | 3a         |                            |               |
|          | (ii) Related organizations  |                              |                   |           |                  |               |           |           |                | 3a(        |                            |               |
| b        | If "Yes" on 3a(ii), are the re  | 5                            | ions listed       | as requi  | rea on S         | chequie R     | ?         |           |                | 3          | D                          |               |
| 4        | Describe in Part XIII the int   | tended uses of t             | he organiz        | ation's e | ndowme           | nt funds.     |           |           |                |            |                            |               |
| Pai      | rt VI Land, Buildings,  |                              |                   | 'aa" an   | Farm 0           | 00 Davt       | T\/ line  | 11. 0     | 00 Form 00     |            | V line 10                  | <b>`</b>      |
|          | Complete if the or<br>Description of property   | (a) Cost or oth<br>(investme | er basis          |           |                  | basis (other) |           |           | ee FOFTT 99    |            | X, IINE IU<br>I) Book valu |               |
| <u> </u> |   |                              |                   |           |                  |               |           |           |                |            |                            |               |
|          | Land  |                              |                   |           |                  |               |           |           |                |            |                            |               |
|          | Buildings   |                              |                   |           |                  |               |           |           |                |            |                            |               |
|          | Leasehold improvements  |                              |                   |           |                  | 29,56         | n         |           | 25,863         |            |                            | 3,697         |
|          | Equipment   |                              |                   |           |                  | 29,30         | ~         |           | 23,003         |            |                            | 3,057         |
|          | Other   | Column (d) must              | eaual Form        | 990. Par  | t X, colu        | nn (B), line  | = 10(c).) |           | •              |            |                            | 3,697         |
|          |   |                              |                   |           | , co.u           | (=),          |           | • •       |                | ahadula "  | ) (Earma 00                |               |

| Schedule D (Form 990) 2021   |                  |                          | Page <b>3</b>  |
|--|------------------|--------------------------|--|
| Part VII Investments - Other Securities.<br>Complete if the organization answered "Yes" on Form 99   | 0, Part          | IV, line 11b.See Form 9  | 990, Part X, line 12.  |
| (a) Description of security or category<br>(including name of security)  | (b) Boo<br>value |                          | od of valuation:<br>f-year market value                      |
| (1) Financial derivatives  |                  |                          |  |
| (3)Other   |                  |                          |  |
| (A)  |                  |                          |  |
| (B)  |                  |                          |  |
| (C)  |                  |                          |  |
| (D)  |                  |                          |  |
| (E)  |                  |                          |  |
| (F)  |                  |                          |  |
| (G)  |                  |                          |  |
| (H)  |                  |                          |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)   | •                |                          |  |
| Part         Investments - Program Related.           VIII         Complete if the organization answered 'Yes' on Form 99  | 0, Part          | IV, line 11c. See Form   | 990, Part X, line 13.  |
| (a) Description of investment  |                  |                          | <b>c)</b> Method of valuation:<br>r end-of-year market value |
| (1)  |                  |                          |  |
| (2)  |                  |                          |  |
| (3)  |                  |                          |  |
| (4)  |                  |                          |  |
| (5)  |                  |                          |  |
| (6)  |                  |                          |  |
| (7)  |                  |                          |  |
| (8)  |                  |                          |  |
| (9)  |                  |                          |  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  | •                |                          |  |
| Part IX Other Assets.<br>Complete if the organization answered 'Yes' on Form 990   | ), Part I        | V, line 11d. See Form 99 |  |
| (a) Description (1)LEASED ASSETS   |                  |                          | (b) Book value<br>191,010                                    |
| (1)  |                  |                          |  |
| (2)  |                  |                          |  |
| (3)  |                  |                          |  |
| (4)  |                  |                          |  |
| (5)  |                  |                          |  |
| (6)  |                  |                          |  |
| (7)  |                  |                          |  |
| (8)  |                  |                          |  |
| (9)  |                  |                          |  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)         Part X       Other Liabilities.  |                  |                          | 191,010  |
| Complete if the organization answered 'Yes' on Form 990<br>See Form 990, Part X, line 25.  | ), Part I        | V, line 11e or 11f.      |  |
| 1. (a) Description of liability  |                  |                          | (b) Book value   |
| (1) Federal income taxes<br>(3)  |                  |                          |  |
| (4)  |                  |                          |  |
| (5)  |                  |                          |  |
| (6)  |                  |                          |  |
| (7)  |                  |                          |  |
| (8)  |                  |                          |  |
| (9)  |                  |                          | -  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  |                  | •                        | 220,336  |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the for<br>organization's liability for uncertain tax positions under FIN 48 (ASC 740). Cl |                  |                          | al statements that reports the                               |
| $_{\rm XIII}$  |                  |                          |  |

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Schedule D (Form 990) 2021

Page **4** 

| Pa        | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue<br>Return.<br>Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | per         |                    |
|-----------|---|-------------|--------------------|
| 1         | Total revenue, gains, and other support per audited financial statements  | 1           | 24,185,829         |
| 2         | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |             |                    |
| а         | Net unrealized gains (losses) on investments  |             |                    |
| b         | Donated services and use of facilities  |             |                    |
| с         | Recoveries of prior year grants   |             |                    |
| d         | Other (Describe in Part XIII.)  |             |                    |
|           | · · · · · · · · · · · · · · · · · · ·   |             |                    |
| е         | Add lines <b>2a</b> through <b>2d</b>   | 2e          | 0                  |
| 3         | Subtract line <b>2e</b> from line <b>1</b>  | 3           | 24,185,829         |
| 4         | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |             |                    |
| а         | Investment expenses not included on Form 990, Part VIII, line 7b . 4a   |             |                    |
| b         | Other (Describe in Part XIII.)  |             |                    |
| с         | Add lines <b>4a</b> and <b>4b</b>   | 4c          | 0                  |
| 5         | Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)   | 5           | 24,185,829         |
| Pa        | <b>t XII</b> Reconciliation of Expenses per Audited Financial Statements With Expense<br>Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.    | es per Re   | turn.              |
| 1         | Total expenses and losses per audited financial statements  | 1           | 23,219,737         |
| 2         | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |             |                    |
| а         | Donated services and use of facilities  |             |                    |
| b         | Prior year adjustments  |             |                    |
| с         | Other losses  |             |                    |
| d         | Other (Describe in Part XIII.)  |             |                    |
|           |   |             |                    |
| е         | Add lines <b>2a</b> through <b>2d</b>   | 2e          | 0                  |
| 3         | Subtract line <b>2e</b> from line <b>1</b>  | 3           | 23,219,737         |
| 4         | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |             |                    |
| а         | Investment expenses not included on Form 990, Part VIII, line 7b  |             |                    |
| b         | Other (Describe in Part XIII.) 4b   |             |                    |
|           | · · · · · · · · · · · · · · · · · · ·   |             |                    |
| с         | Add lines <b>4a</b> and <b>4b</b>   | 4c          | 0                  |
| 5         | Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)  | 5           | 23,219,737         |
| Su<br>Pro | rt XIII<br>upplemental Information<br>vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2                  | , ,         | ne 4; Part X, line |
| 2;        | Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in   | irormation. |                    |

| PART X, LINE 2:<br>UNITED MISSION FOR RELIEF AND DEVELOPMENT - UMR IS INCORPORATED AND EXEMPT<br>FROM FEDERAL INCOME TAX UNDER CODE SECTION 501 (C) (3) OF THE INTERNAL REVENUE<br>CODE (IRC), THOUGH IT WOULD BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT<br>PURPOSES. CONTRIBUTIONS TO THE ORANIZATION ARE TAX DEDUCTIBLE TO DONORS<br>UNDER SECTION 170 OF THE IRC. THE ORGANIZATION HAS NO UNCERTAIN TAX POSITION<br>THAT REQUIRES RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. | Return Reference | Explanation  |
|---|------------------|--|
|   |                  | FROM FEDERAL INCOME TAX UNDER CODE SECTION 501 (C) (3) OF THE INTERNAL REVENUE<br>CODE (IRC), THOUGH IT WOULD BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT<br>PURPOSES. CONTRIBUTIONS TO THE ORANIZATION ARE TAX DEDUCTIBLE TO DONORS<br>UNDER SECTION 170 OF THE IRC. THE ORGANIZATION HAS NO UNCERTAIN TAX POSITION |

**Additional Data** 

Software ID: Software Version:

**Return to Form** 

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| -               | EDULE F<br>n 990)                                  |                |   |   | Outside the Un                              |   | OMB No. 1545-0047   |
|-----------------|--|----------------|---|---|---|---|---|
| •               |  | Compl          | ete if the organiz                        |   | "Yes" to Form 990, Part IV                  | , line 14b, 15, or 16.  | 2021  |
|                 |  |                | Go to www.irs.a                           |   | to Form 990.<br>instructions and the latest | information.  | Open to Public  |
|                 | nent of the Treasury<br>Revenue Service            |                | -   |   |   |   | Inspection  |
| Name            | of the organization                                |                |   |   |   | Employer ide  | ntification number  |
| UNITI<br>(UMR   | ED MISSION FOR )                                   | RELIEF & [     | DEVELOPMENT                               |   |   | 27-3175543  | 1   |
| Par             |  |                | on on Activit<br>art IV, line 14          |   | the United States.                          | Complete if the organ   | ization answered  |
| 1               | For grantmakers                                    | Does the       | organization                              | maintain recor  | ds to substantiate the                      | e amount of its grants  |   |
|                 | ,  | 5              | 5 /                                       | 5   | or assistance, and the                      | selection criteria used   | d b   |
|                 | to award the grar                                  | nts or assis   | stance?                                   |   |   |   | V Yes No  |
|                 | For grantmakers<br>assistance outsid               |                |   | organization's  | procedures for monito                       | oring the use of its gra  | nts and other   |
| 3               | Activites per Region                               | n. (The follo  | wing Part I, line                         | 3 table can be  | duplicated if additional s                  | pace is needed.)  | <u>.</u>  |
|                 | (a) Region   |                | (b) Number of<br>offices in the<br>region | (c) Number of<br>employees,<br>agents, and<br>independent<br>contractors in the |   | (e) If activity listed in (d) is a<br>program service, describe<br>specific type of<br>service(s) in the region | a <b>(f)</b> Total expenditures<br>for and investments<br>in the region |
| (1)             | PALESTINE  |                | 0   | region 0  | region)<br>PROGRAM SERVICES                 | HUMANITARIAN  | 10,362,564  |
| (2) Y           | (EMEN  |                | 0   | 0   | PROGRAM SERVICES                            | HUMANITARIAN  | 760,991   |
| <b>(3)</b> ]    | ORDAN  |                | 1   | 0   | PROGRAM SERVICES                            | HUMANITARIAN  | 5,677,311   |
| (4)             | EBANON   |                | 0   | 0   | PROGRAM SERVICES                            | HUMANITARIAN  | 2,033,588   |
| (5) F           | PAKISTAN   |                | 0   | 0   | PROGRAM SERVICES                            | HUMANITARIAN  | 40,451  |
| (6)             | BANGLADESH   |                | 0   | 0   | PROGRAM SERVICES                            | HUMANITARIAN  | 214,509   |
| (7) 5           | SUDAN  |                | 0   | 0   | PROGRAM SERVICES                            | HUMANITARIAN  | 545,280   |
| (8) k           | KENYA  |                | 1   | 0   | PROGRAM SERVICES                            | HUMANITARIAN  | 1,239,104   |
| (9) E           | THIOPIA  |                | 0   | 0   | PROGRAM SERVICES                            | HUMANITARIAN  | 351,281   |
| ( S<br>10)      | SOMALIA  |                | 0   | 0   | PROGRAM SERVICES                            | HUMANITARIAN  | 111,443   |
|                 | GYPT   |                | 0   | 0   | PROGRAM SERVICES                            | HUMANITARIAN  | 2,330   |
|                 | DTHER  |                | 0   | 0   | PROGRAM SERVICES                            | HUMANITARIAN  | 101,899   |
| (<br>13)        |  |                |   |   |   |   |   |
| (14)            |  |                |   |   |   |   |   |
| (               |  |                |   |   |   |   |   |
| <u>15)</u><br>( |  |                |   |   |   |   |   |
| <u>16)</u><br>( |  |                |   |   |   |   |   |
| 17)             |  |                |   |   |   |   |   |
| b⊺              | Sub-total .<br>Total from continuat<br>To Part I . |                | 0   |   |   |   | 20,873,798  |
|                 | Totals (add lines 3a                               | and 3b)        | 0   |   |   |   | 566,953   |
| For Pa          | perwork Reduction A                                | Act Notice, se | e the Instruction                         | is for Form 990.  | Cat   | . No. 50082W Sche   | dule F (Form 990) 2021  |

| Schedule F (Form 990) 2021<br>Part II Grants and O<br>Part IV, line 15 | 0) 2021<br>and Other A<br>line 15, for ar             | <mark>\ssistance to Orga</mark><br>ny recipient who rec | (Form 990) 2021<br>Grants and Other Assistance to Organizations or Entities O<br>Part IV, line 15, for any recipient who received more than \$5,000.   |   | <b>ited States.</b> Comp<br>Juplicated if additio                                  | utside the United States. Complete if the organizati<br>Part II can be duplicated if additional space is needed. | ion answered "Yes"                                 | Page <b>2</b><br>on Form 990,                                 |
|--|---|---|--|---|--|--|--|---|
| <b>1 (a)</b> Name of organization                                      | (b) IRS code<br>section<br>and EIN (if<br>annlicable) | c) Region   | (d) Purpose of<br>grant  | 0   | (f) Manner of<br>cash<br>disbursement  | (g) Amount<br>of noncash<br>assistance   | <b>(h)</b> Description<br>of noncash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>annraisal other) |
| (1)  |   | PALESTINE   | AID  | 288,516                                       |  | 10,074,048   | 10,074,048PHARMACEUTICAL                           | APPRAISAL   |
| ( 2 )  |   | YEMEN   | AID  | 240,091                                       |  | 520,900  | 520,900PHARMACEUTICAL                              | APPRAISAL   |
| (3)  |   | JORDAN  | AID  | 393,624                                       |  | 5,283,687  | 5,283,687PHARMACEUTICAL APPRAISAL                  | <b>APPRAISAL</b>  |
| ( 4)   |   | LEBANON   | AID  | 276,548                                       |  | 1,757,040  | 1,757,040PHARMACEUTICAL                            | APPRAISAL   |
| ( 5)   |   | PAKISTAN  |  | 40,451  |  | 0  |  |   |
| ( 9 )  |   | BANGLADESH  |  | 214,509                                       |  | 0  |  |   |
| (1)  |   | SUDAN   | AID  | 57,000  |  | 488,280  | 488,280PHARMACEUTICAL                              | APPRAISAL   |
| (8)  |   | KENYA   | AID  | 1,069,293                                     |  | 169,811  | 169,811PHARMACEUTICAL                              | APPRAISAL   |
| (6)  |   | ETHIOPIA  |  | 351,281                                       |  | 0  |  |   |
| (<br>10)   |   | SOMALIA   |  | 111,443                                       |  | 0  |  |   |
| 11)  |   | OTHER   | AID  | 214   |  | 101,685  | 101,685PHARMACEUTICAL APPRAISA                     | APPRAISAL   |
| (<br>12)   |   |   |  |   |  |  |  |   |
| (<br>13)   |   |   |  |   |  |  |  |   |
| (<br>14)   |   |   |  |   |  |  |  |   |
| (<br>15)   |   |   |  |   |  |  |  |   |
| (<br>16)   |   |   |  |   |  |  |  |   |
|  | ber of recipie<br>the IRS, or fo                      | ent organizations list<br>or which the grantee          | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | cognized as charities<br>ided a section 501(c | ized as charities by the foreign country<br>a section 501(c)(3) equivalency letter | ntry, recognized as<br>tter  |  |   |
| 3 Enter total num  | ber of other (  | Enter total number of other organizations or entities   | lties  | ·<br>·<br>·                                   | ·<br>·<br>·  |  | Schedule F   | Schedule F (Form 990) 2021                                    |

| Schedule F (Form 990) 2021<br>Part 111 Grants and C | )ther Assistance (  | to Individuals                     | Outside the Unit                   | ted States. Complete                      | if the organization a                  | <sup>-</sup> orm 990) 2021<br>Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990. Part IV line 16 | Page <b>3</b><br>990 Part IV line 16                   |
|---|---|------------------------------------|------------------------------------|---|--|--|--|
|   | Part III can be duplicated if additional space is needed. | ional space is n                   | ieeded.                            |   |  |  |  |
| <b>(a)</b> Type of grant or assistance              | <b>(b)</b> Region   | <b>(c)</b> Number of<br>recipients | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Manner of cash<br>disbursement | (f) Amount of<br>noncash<br>assistance | (g) Description<br>of noncash<br>assistance  | <pre>(h) Method of     valuation     (book, FMV,</pre> |
| (1)   |   |                                    |                                    |   |  |  | appraisal, other)                                      |
| (2)   |   |                                    |                                    |   |  |  |  |
| (3)   |   |                                    |                                    |   |  |  |  |
| (4)   |   |                                    |                                    |   |  |  |  |
| (2)   |   |                                    |                                    |   |  |  |  |
| ( 6 )   |   |                                    |                                    |   |  |  |  |
| (1)   |   |                                    |                                    |   |  |  |  |
| (8)   |   |                                    |                                    |   |  |  |  |
| (6)   |   |                                    |                                    |   |  |  |  |
| (<br>10)  |   |                                    |                                    |   |  |  |  |
| )<br>11)  |   |                                    |                                    |   |  |  |  |
| (<br>12)  |   |                                    |                                    |   |  |  |  |
| (<br>13)  |   |                                    |                                    |   |  |  |  |
| (<br>14)  |   |                                    |                                    |   |  |  |  |
| (<br>15)  |   |                                    |                                    |   |  |  |  |
| (<br>16)  |   |                                    |                                    |   |  |  |  |
| 17)   |   |                                    |                                    |   |  |  |  |
| (<br>18)  |   |                                    |                                    |   |  |  |  |
|   |   |                                    |                                    |   |  | Schedi   | Schedule F (Form 990) 2021                             |

| Sch€ | Schedule F (Form 990) 2021   | Page <b>4</b>              |
|------|--|----------------------------|
| Part | it IV Foreign Forms  |                            |
| 1    | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>  | Yes                        |
| 7    | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be<br>required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain<br>Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for<br>Forms 3520 and 3520-A; don't file with Form 990) | Yes<br>Vo                  |
| м    | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)  | Yes                        |
| 4    | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</i> .  | Yes                        |
| Ŋ    | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)   | Yes                        |
| Q    | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If "Yes,"</i><br>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form<br>5713; don't file with Form 990).   | Yes 🗸 No                   |
|      | Schedule F   | Schedule F (Form 990) 2021 |

| Form 990) 2021<br>Supplemental Information<br>Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting<br>method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III<br>(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete<br>this part to provide any additional information. See instructions. | Explanation     |                             |  |  |  |  |  |  |  |  |  |  | Schedule F (Form 990) 2021 |
|--|-----------------|-----------------------------|--|--|--|--|--|--|--|--|--|--|----------------------------|
| Schedule F (Form 990) 2021<br>Part V Supplemental Information<br>Provide the information required by Part I, lin-<br>method; amounts of investments vs. expendit<br>(accounting method); and Part III, column (c)<br>this part to provide any additional information   | ReturnReference | PART III ACCOUNTING METHOD: |  |  |  |  |  |  |  |  |  |  |                            |

# **Additional Data**

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| Schedule J                                  | Compensation Information   | OMB N                | b. 1545  | -0047  |
|---|--|----------------------|----------|--------|
| (Form 990)                                  | -  |                      |          |        |
| (   | For certain Officers, Directors, Trustees, Key Employees, and Highest<br>Compensated Employees   | 7                    |          | 1      |
|   | Complete if the organization answered "Yes" on Form 990, Part IV, line 23.   |                      | 021      |        |
| Department of the Treasury                  | Attach to Form 990. Form990 for instructions and the latest information.   | Орег                 | n to Pu  | blic   |
| Internal Revenue Service                    |  |                      | spectio  | on     |
| Name of the organiz<br>UNITED MISSION FOR R |  | yer identification n | umber    |        |
| (UMR)                                       |  | 75543                |          |        |
| Part I Questi                               | ons Regarding Compensation   |                      | -        |        |
|   |  |                      | Yes      | No     |
|   | opiate box(es) if the organization provided any of the following to or for a person listed o<br>Section A, line 1a. Complete Part III to provide any relevant information regarding thes |                      |          |        |
| First-class                                 | or charter travel $\Box$ Housing allowance or residence for person   | nal use              |          |        |
| Travel for                                  | companions 🗌 Payments for business use of personal re  | sidence              |          |        |
| Tax idemn                                   | fication and gross-up payments $\begin{tabular}{ccc} \hline \begin{tabular}{ccc} \end{tabular}$ Health or social club dues or initiation fee   | es                   |          |        |
| Discretiona                                 | ary spending account $\begin{tabular}{lllllllllllllllllllllllllllllllllll$   | hef)                 |          |        |
| <b>b</b> If any of the bo                   | xes on Line 1a are checked, did the organization follow a written policy regarding payme   | ent or               |          |        |
|   | or provision of all of the expenses described above? If "No," complete Part III to expla   |                      | <b>b</b> |        |
| 2 Did the organiz                           | ation require substantiation prior to reimbursing or allowing expenses incurred by all   | 2 122                |          |        |
| directors, trust                            | ees, officers, including the CEO/Executive Director, regarding the items checked on Lin  | ie 1a?               |          |        |
|   | if any, of the following the filing organization used to establish the compensation of the   |                      |          |        |
| organization's (                            | CEO/Executive Director. Check all that apply. Do not check any boxes for methods   |                      |          |        |
| used by a relat                             | ed organization to establish compensation of the CEO/Executive Director, but explain in  | n Part III.          |          |        |
| _   | tion committee 🛛 🗹 Written employment contract   |                      |          |        |
|   | nt compensation consultant 🔽 Compensation survey or study  |                      |          |        |
| Form 990 (                                  | of other organizations $\overline{\mathbf{V}}$ Approval by the board or compensation co  | ommittee             |          |        |
| 4 During the year                           | , did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fili  | ng                   |          |        |
| organization or                             | a related organization:  |                      |          |        |
| a Receive a sever                           | rance payment or change-of-control payment?  | 4                    | a        | No     |
|   | r receive payment from, a supplemental nonqualified retirement plan?   | 4                    | -        | No     |
|   | or receive payment from, an equity-based compensation arrangement?<br>of lines 4a-c, list the persons and provide the applicable amounts for each item in Part                           | <b>4</b>             | -        | No     |
| 1. 100 to any                               |  |                      |          |        |
| Only 501(c)(3)                              | 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.   |                      |          |        |
|   | ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any ontingent on the revenues of:   |                      |          |        |
| <b>a</b> The organizatio                    | n?   | 5                    | a 📃      | No     |
|   | anization?   | 5                    | 5        | No     |
|   | e 5a or 5b, describe in Part III.  |                      |          |        |
|   | ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any ortingent on the net earnings of:   |                      |          |        |
| <b>a</b> The organizatio                    | n?   | 6                    | a        | No     |
|   | anization?   | . 6                  | <b>b</b> | No     |
| If "Yes," on line                           | e 6a or 6b, describe in Part III.  |                      |          |        |
|   | ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed lescribed in lines 5 and 6? If "Yes," describe in Part III .                                     |                      | ,        | No     |
|   | nts reported on Form 990, Part VII, paid or accured pursuant to a contract that was  |                      |          |        |
| -   | nitial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," c  |                      |          |        |
|   |  | -                    | ;        | No     |
|   | 8, did the organization also follow the rebuttable presumption procedure described in R<br>8-6(c)?   |                      |          |        |
|   | tion Act Notice, see the Instructions for Form 990. Cat. No. 50053   |                      | orm 990  | ) 2021 |

| Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.<br>For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the  | and Highest Contensation | <b>Highest Compensated Employees.</b> Use duplicate copies if additional space is ne<br>compensation from the organization on row (i) and from related organizations, described in the | <b>mployees.</b> Use<br>ation on row (i) a | duplicate copie<br>nd from related or              | s if additional<br>ganizations, des            | space is nee<br>cribed in the              | ded.   |
|---|--------------------------|--|--|--|--|--|--|
| Instructions, on row (II). Do not list any individuals that are not listed on Form 990, Part VII. Section A, line 1a, applicable column (D) and (E) amounts for that individual. Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII. Section A, line 1a, applicable column (D) and (E) amounts for that individual. (A) Name and Title (B) Name and Title (B) Breakdown of W-2, 1099-NISC compensation, (C) Retirement (D) Nontaxable (E) Total of (F) (A) Name and Title (B) Name and Title (B) Name and Title (C) Retirement (D) Nontaxable (E) Total of (C) Retirement (C) Nontaxable (E) Total of (C) Retrement (C) Nontaxable (E) Retrement | (B) Breakdown            | 990, Part VII.<br>Ital amount of Form 990, Part VII, Section A, lin<br>Breakdown of W-2, 1099-MISC compensation,<br>and/or 1099-NFC  | /II, Section A, line<br>C compensation,    | e 1a, applicable co<br>(C) Retirement<br>and other | olumn (D) and (E<br>(D) Nontaxable<br>benefits | ) amounts for t<br>(E) Total of<br>columns | that individual.<br>(F)<br>Compensation in                 |
|   | (i) Base<br>compensation | (ii)<br>Bonus &<br>incentive<br>compensation   | (iii) Other<br>reportable<br>compensation  | deferred<br>compensation                           |  | (B)(i)-(D)                                 | column (B)<br>reported as<br>deferred on prior<br>Form 990 |
| ()  | 225,000                  | 0  | 24,799                                     | 25,437   | 0  | 275,236                                    | 0  |
| (II)  | <br>  0<br>              | 0  | 0  | -<br>-<br>-  |  | 0  | <br> 0<br>   |
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|   |                          |  |  |  |  |  |  |
|   |                          |  |  |  |  | Schedule J (I                              | Schedule J (Form 990) 2021                                 |

Page 2

| Schedule J (Form 990) 2021              | Page 3   |
|---|--|
| Part III Supplemental Information       | nation   |
| Provide the information, explanation, o | Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
|   |  |

| 1  |                  |                            |
|--|------------------|----------------------------|
| , סר מפצכרומנוסוג רפעוורפס דסר צמוד 1, ווהפג במ, בט, צס, אם, אס, אס, אס, אס, אס מוס דסר צמוד זו. אוצס כסוומופרפ נהוג ממוד זסר ממונוסהמו והזסרותמנוסה | Explanation      | Schedule J (Form 990) 2021 |
| Provide the information, explanation   | Return Reference |                            |

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| SCHEDULE M   |   | N                      | oncash Contri   | butions                          |                  | OMB No. 1545-0047            |
|--|---|------------------------|---|----------------------------------|------------------|------------------------------|
| (Form 990)   |   |                        |   |                                  |                  | 2021                         |
|  | <ul> <li>Complete if the</li> <li>Attach to Form</li> </ul> | -                      | ns answered "Yes" on Forn                               | 1 990, Part IV, lines 29 or      | 30.              |                              |
|  |   |                        | 90 for the latest informati                             | 0.0                              |                  | Onon to Bublic               |
| Department of the Treasury<br>Internal Revenue Service | ,                     | <u>907/10/11/5</u>     |   |                                  |                  | Open to Public<br>Inspection |
| Name of the organiz<br>UNITED MISSION FOR RE           |   |                        |   |                                  | Employer identi  | fication number              |
| (UMR)  |   |                        |   |                                  | 27-3175543       |                              |
| Part I Types   | of Property   |                        | 1   |                                  | I                |                              |
|  |   | <b>(a)</b><br>Check if | <b>(b)</b><br>Number of contributions                   | (c)<br>Noncash contribution      | Mathad           | (d)<br>I of determining      |
|  |   | applicable             |   | amounts reported on              |                  | ontribution amounts          |
|  |   |                        |   | Form 990, Part VIII, line<br>1 g | e                |                              |
| <b>1</b> Art—Works of a                                | rt  |                        |   | Ig                               |                  |                              |
| 2 Art-Historical                                       | treasures .   |                        |   |                                  |                  |                              |
| 3 Art-Fractional                                       | interests   |                        |   |                                  |                  |                              |
| 4 Books and pub  | ications  |                        |   |                                  |                  |                              |
| 5 Clothing and he                                      |   |                        |   |                                  |                  |                              |
| goods<br>6 Cars and other                              | vehicles  |                        |   |                                  | +                |                              |
| <ul><li>7 Boats and plan</li></ul>                     |   |                        |   |                                  | +                |                              |
| 8 Intellectual pro                                     |   |                        |   |                                  | 1                |                              |
| 9 Securities—Pub                                       |   |                        |   |                                  |                  |                              |
| 10 Securities-Clo                                      | sely held stock   |                        |   |                                  |                  |                              |
| 11 Securities—Par                                      |   |                        |   |                                  |                  |                              |
| or trust intere<br>12 Securities—Mis                   | sts   |                        |   |                                  |                  |                              |
| 13 Qualified conse                                     |   | -                      |   |                                  |                  |                              |
| contribution—<br>structures                            | Historic  |                        |   |                                  |                  |                              |
| 14 Qualified conse                                     | ervation<br>Other   |                        |   |                                  |                  |                              |
| 15 Real estate—Re                                      |   |                        |   |                                  |                  |                              |
| 16 Real estate—C                                       | ommercial   |                        |   |                                  |                  |                              |
| 17 Real estate—O                                       | ther  |                        |   |                                  |                  |                              |
| 18 Collectibles .                                      |   |                        |   |                                  |                  |                              |
| 19 Food inventory                                      |   |                        |   |                                  |                  |                              |
| 20 Drugs and med                                       | ical supplies .   | Х                      | 10  | 18,123,95                        | 5 APPRAISED B    | Y THIRD PARTY                |
| 21 Taxidermy .   |   |                        |   |                                  |                  |                              |
| 22 Historical artif                                    |   | -                      |   |                                  |                  |                              |
| 23 Scientific speci                                    |   |                        |   |                                  |                  |                              |
| 24 Archeological a<br>Other (SCH)                      |   | х                      | 4   | 271 40                           | 6 APPRAISED B    | V THIDD D                    |
|  | ITURE   | ~                      |   | 271,45                           | AFFRAISED D      |                              |
| 25 🕨 <u>)</u>  |   |                        |   |                                  |                  |                              |
| 26 Other ► (   | ,   |                        |   |                                  |                  |                              |
| 27 Other►(   | ,   | -                      |   |                                  |                  |                              |
| 28 Other ► (   |   |                        |   | <u> </u>                         |                  |                              |
|  |   |                        | zation during the tax year<br>83, Part IV, Donee Acknow |                                  | 29               |                              |
|  |   |                        | , ,   |                                  | LI               | Yes No                       |
|  |   |                        | by contribution any proper                              |                                  |                  |                              |
|  | r at least three yea<br>ses for the entire ho               |                        | date of the initial contribut                           | ion, and which isn't requir      | ed to be used fo | r                            |
|  |   |                        |   |                                  |                  | <b>30a</b> No                |
| <b>b</b> If "Yes," descr                               | ibe the arrangeme   | nt in Part II.         |   |                                  |                  |                              |
| 31 Does the orga                                       | nization have a gift  | acceptance             | policy that requires the re                             | eview of any nonstandard         | contributions?   | <b>31</b> Yes                |
|  |   |                        | s or related organizations                              | to solicit, process, or sell     | noncash          | 32a No                       |
| <b>b</b> If "Yes," desci                               |   | • • •                  |   |                                  |                  | 32a No                       |
|  |   | n amount in            | column (c) for a type of pr                             | operty for which column (        | a) is checked    |                              |
| describe in Pa   | •   |                        |   |                                  | a, is checked,   |                              |
| -  |   | he Instructio          | ons for Form 990.                                       | Cat. No. 51227J                  | Schod            | ule M (Form 990) (202:       |

| Schedule M (Form 990) (2021)<br>Part II Supplemental 1<br>organization is<br>combination of | <ul> <li>Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.</li> </ul> |
|---|---|
| Return Reference  | Explanation   |
|   | Schedule M (Form 990) (2021)  |
|   |   |

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| SCHEDULE O<br>(Form 990)                               | Supp<br>Comp  |
|--|---|
| Department of the Treasury<br>Internal Revenue Service | y Form 990 or 990-EZ or to provide any additional information.<br>Attach to Form 990 or 990-EZ.<br>Go to <u>www.irs.gov/Form990</u> for the latest information.   |
| Name of the or<br>UNITED MISSION I<br>(UMR)            | Name of the organization UNITED MISSION FOR RELIEF & DEVELOPMENT (UMR) 27-3175543   |
| Return<br>Reference                                    | Explanation   |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B        | A COPY OF THE DRAFT FORM 990 WAS DISTRIBUTED TO EACH MEMBER OF THE BOARD BEFORE FILING AND WAS FILED<br>AFTER REVIEW AND APPROVAL FROM THE BOARD.   |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C        | THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF<br>INTEREST POLICY VIA MONTHLY FOLLOW-UPS WITH KEY EMPLOYEES AND THE BOARD MEMBERS.   |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15         | THE PROCESS FOR DETERMINING COMPENSATION OF THE PRESIDENT, THE VICE PRESIDENT, OFFICIALS AND KEY EMPLOYEES WAS BASED ON INDEPENDENT STUDY AND REVIEW OF THE MARKET AND COMPARABLE SALARIES. THE BOARD APPROVED THE PROPOSED RATES BEFORE THEY WERE GRANTED. |
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19         | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC. ANY PERSON WHO WISHES TO<br>REVIEW UMR'S FINANCIAL REPORTS, CONFLICT OF INTEREST POLICY, FORMS 1023 AND 990 MAY CALL OR WRITE TO UMR<br>OR COME TO ITS OFFICE.                      |
| For Paperwork Re                                       | For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990) 2021   |

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