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Form **990** 

Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021

Open to Public Inspection

| A Fo                           | or th   | e 2021 calendar year, or tax year beginning 01-01-2021 $$ , and ending 12-3   | 1-2021         |                           |                |                       |
|--------------------------------|---------|---|----------------|---------------------------|----------------|-----------------------|
| B Che                          | ck if a | pplicable: C Name of organization OPEN STREET MAP US INC  |                | D Employe                 | r identif      | ication number        |
| _                              |         | change  |                | 27-2375                   | 394            |                       |
| O Nai                          |         | Data to day on the  |                | _                         |                |                       |
| O Init                         |         | n/terminated  |                |                           |                |                       |
| _                              |         | d return Number and street (or P.O. box if mail is not delivered to street address) Room/su   | iite           | E Telephone               | e number       |                       |
|                                |         | on pending 712 H STREET NE 980  |                | (202) 65                  | 6-5263         |                       |
|                                |         | City or town, state or province, country, and ZIP or foreign postal code  |                |                           |                |                       |
|                                |         | WASHINGTON, DC 20002  |                | <b>G</b> Gross red        | eipts \$ 2     | 28,803                |
|                                |         | F Name and address of principal officer:  | H(a) Is th     | nis a group ret           | urn for        |                       |
|                                |         | ADAM FRANCO<br>712 H STREET NE 980  | subo           | ordinates?                |                | ☐Yes ✓ No             |
|                                |         | WASHINGTON, DC 20002  | H(b) Are       | all subordinate           | es             | ☐ Yes ☐No             |
| I Tax                          | -exer   | npt status:   |                | lueu?<br>lo," attach a li | st. See i      |                       |
| J W                            | ebsit   | te: WWW.OPENSTREETMAP.ORG   |                | up exemption              |                |                       |
|                                |         |   |                |                           |                |                       |
| K Forn                         | n of o  | rganization: 🗹 Corporation 🗌 Trust 🗀 Association 🗀 Other 🕨  | L Year of form | mation: 2010              | <b>M</b> State | of legal domicile: DC |
|                                |         | g   |                |                           |                |                       |
| Pa                             | rt I    | Summary   |                |                           |                |                       |
|                                |         | Briefly describe the organization's mission or most significant activities:<br>HELP PROMOTE OPENSTREETMAP - THE FREE AND EDITABLE MAP OF THE WORLD. |                |                           |                |                       |
| Ce                             |         | THE TRUE AND EDITABLE MAN OF THE WORLD.   |                |                           |                |                       |
| ja j                           | •       |   |                |                           |                |                       |
| Governance                     | •       |   |                |                           |                |                       |
| 90                             | _       | Check this box $\blacktriangleright$ U  Number of voting members of the governing body (Part VI, line 1a)   |                |                           | 3              | 6                     |
| ×8                             |         | Number of independent voting members of the governing body (Part VI, line 1b) .   |                | •                         | 4              | 5                     |
| Activities &                   |         | Total number of individuals employed in calendar year 2021 (Part V, line 2a)  |                | •                         | 5              | 1                     |
| ¥                              |         | Total number of volunteers (estimate if necessary)  |                | •                         | 6              | 0                     |
| TCT.                           |         | Total unrelated business revenue from Part VIII, column (C), line 12  |                | •                         | 7a             | 0                     |
| •                              |         | Net unrelated business taxable income from Form 990-T, Part I, line 11  |                | •                         | 7a<br>7b       | 0                     |
|                                | -       | Net difference business taxable income from Form 990-1, Fait 1, line 11   |                | rior Year                 | 76             | Current Year          |
|                                | 8       | Contributions and grants (Part VIII, line 1h)   | <u> </u>       | 45,5                      | 44             | 211,115               |
| 9                              |         | Program service revenue (Part VIII, line 2g)  |                | 43,3                      | 0              | 17,675                |
| Revenue                        |         | Investment income (Part VIII, column (A), lines 3, 4, and 7d )  |                |                           | 28             | 17,073                |
| æ                              |         |   |                |                           | 0              |                       |
|                                |         | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                | 45,5                      | ŭ              | 228,803               |
|                                | _       | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |                | +5,5                      | _              |                       |
|                                |         | Grants and similar amounts paid (Part IX, column (A), lines 1–3 )   |                |                           | 0              | 0                     |
|                                |         | Benefits paid to or for members (Part IX, column (A), line 4)   |                | 442.2                     | 0              | 0                     |
| Expenses                       |         | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   |                | 112,2                     | -              | 109,876               |
| 8                              |         | Professional fundraising fees (Part IX, column (A), line 11e)   |                | 10,7                      | //             | 0                     |
| 윲                              |         | Total fundraising expenses (Part IX, column (D), line 25) 11,116  |                | 46.0                      | 44             | 74 700                |
| need                           |         | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |                | 16,2                      | _              | 71,792                |
|                                |         | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)   |                | 139,2                     | _              | 181,668               |
| . 00                           | 19      | Revenue less expenses. Subtract line 18 from line 12  |                | -93,6                     | _              | 47,135                |
| Net Assets or<br>Fund Balances |         |   | Beginnin       | g of Current Ye           | ear            | End of Year           |
| set                            | 20      | Total assets (Part X, line 16)  |                | 94,4                      | 56             | 141,591               |
| d B                            |         | Total liabilities (Part X, line 26)   |                | 2177                      | 0              | 0                     |
| P E                            |         | Net assets or fund balances. Subtract line 21 from line 20  |                | 94.4                      | 56             | 141.591               |

| Sign   | Sig         | nature of officer   |                                     |                      | 2022-05-11<br>Date     |                       |
|--------|-------------|---|-------------------------------------|----------------------|------------------------|-----------------------|
| Here   | AD          | AM FRANCO TREASURER   |                                     |                      |                        |                       |
|        | Тур         | pe or print name and title  | I Duna a and a sign at time         | I Data               |                        | DTIN                  |
| Paid   | Ī           | Print/Type preparer's name  | Preparer's signature                | Date 2022-05-13      | Check if self-employed | PTIN<br>P00024965     |
|        | arer        | Firm's name COUNCILOR BUCHAN  | NAN & MITCHELL PC                   |                      | Firm's EIN > 5         | 2-1711839             |
|        | Only        | Firm's address ▶ 7910 WOODMONT A\   | /E STE 500                          |                      | Phone no. (301         | ) 986-0600            |
|        |             | BETHESDA, MD 208  |                                     |                      | Thone no. (501         | , 500 000             |
| May th | ne IRS disc | uss this return with the preparer sh  |                                     |                      | <u> </u>               | . Yes No              |
|        |             | Reduction Act Notice, see the se  | ,                                   | Cat. N               | lo. 11282Y             | Form <b>990</b> (2021 |
|        |             |   |                                     |                      |                        |                       |
|        |             |   | Page 2                              |                      |                        |                       |
| Form 9 | 990 (2021)  |   |                                     |                      |                        | Page 5                |
| Parl   |             | atement of Program Service  | Accomplishments                     |                      |                        | Page 2                |
|        |             | eck if Schedule O contains a respons  | -                                   | III                  |                        | 🗆                     |
| 1      |             | cribe the organization's mission:   | ,                                   |                      |                        |                       |
| HELP I | PROMOTE (   | OPENSTREETMAP - THE FREE AND E  | DITABLE MAP OF THE WORLD.           |                      |                        |                       |
|        |             |   |                                     |                      |                        |                       |
| 2      | Did the or  | ganization undertake any significant  | program convices during the year    | r which were not lis | ted on                 |                       |
|        |             | orm 990 or 990-EZ?  | program services during the yea     |                      | iteu on                | ☐ Yes 🗸 No            |
|        | •           | escribe these new services on Scheo   | dule O.                             |                      |                        |                       |
| 3      | Did the org | ganization cease conducting, or mak   | ce significant changes in how it co | onducts, any progra  | m                      |                       |
|        | services?   |   |                                     |                      |                        |                       |
| _      | •           | escribe these changes on Schedule (   |                                     |                      |                        |                       |
|        | Section 50  | he organization's program service at $1(c)(3)$ and $501(c)(4)$ organizations ue, if any, for each program service | are required to report the amou     |                      |                        |                       |
| 4a     | (Code:      | ) (Expenses \$  | 121,758 including grants of \$      |                      | ) (Revenue \$          | 17,675 )              |
| Tu     | HOST CONF   | ERENCE AND VIRTUAL COMMUNITY MAPP   | ING EVENTS TO ADVOCATE THE CREA     | TION, USE, DISTRIBUT | ION AND AVAILA         |                       |
|        | DATA, AND   | PROVIDE MEMBERS EDUCATION AND TRA   | INING TO WORK TOGETHER TO COLLE     | ECT AND CONTRIBUTE   | DATA.                  |                       |
| 4b     | (Code:      | ) (Expenses \$  | including grants of \$              |                      | ) (Revenue \$          | )                     |
|        |             | ) (Expended 4   | modumy grants or \$                 |                      | ) (Nevende ¢           | ,                     |
|        |             |   |                                     |                      |                        |                       |
|        |             |   |                                     |                      |                        |                       |
|        |             |   |                                     |                      |                        |                       |
|        |             |   |                                     |                      |                        |                       |
|        |             |   |                                     |                      |                        |                       |
|        |             |   |                                     |                      |                        |                       |
|        |             |   |                                     |                      |                        |                       |
|        |             |   |                                     |                      |                        |                       |
| 4c     | (Code:      | ) (Expenses \$  | including grants of \$              |                      | ) (Revenue \$          | )                     |
|        |             |   |                                     |                      |                        |                       |
|        |             |   |                                     |                      |                        |                       |
|        |             |   |                                     |                      |                        |                       |
|        |             |   |                                     |                      |                        |                       |
|        |             |   |                                     |                      |                        |                       |
|        |             |   |                                     |                      |                        |                       |
|        |             |   |                                     |                      |                        |                       |
|        |             |   |                                     |                      |                        |                       |
| 4d     | Other prog  | gram services (Describe in Schedule   | 0.)                                 |                      |                        |                       |
|        | (Expenses   | · · · · · · · · · · · · · · · · · · ·   | ing grants of \$                    | ) (Revenue s         | \$                     | )                     |
| 4e     | Total pro   | gram service expenses 🕨   | 121,758                             |                      | ·                      |                       |

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| Pai | t IV Checklist of Required Schedules  |     |     |    |
|-----|---|-----|-----|----|
|     |   |     | Yes | No |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   | Yes |    |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? If "Yes," complete Schedule C, Part 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>  |     |     | No |
| 7   | Schedule D, Part I  | 7   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> 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             | 9   |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>   | 10  |     | No |
|     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ , as applicable.  |     |     |    |
|     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  | 11a | Yes |    |
|     | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 2  | 11b |     | No |
|     | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | No |
|     | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | No |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |     | No |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f |     | No |
|     | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a |     | No |
|     | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |     | No |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | No |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b |     | No |
| 15  | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |     | No |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <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  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> complete Schedule G, Part III   | 19  |     | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | No |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     |    |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  |     | No |

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| Pai | Checklist of Required Schedules (continued)  |     |     |    |
|-----|--|-----|-----|----|
|     |  |     | 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  |     | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a   | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |    |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |     |    |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III   | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |     |    |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>  | 28a |     | No |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b |     | No |
| С   | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>  | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$   | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>  | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>  | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 34  |     | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | No |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot$ .  | 35b |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>   | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38  | Yes |    |
| Pa  | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V   |     |     |    |
|     | the state of the s |     | Yes | No |
| 1a  | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   3  |     |     |    |
| b   | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0   |     |     |    |

| c | Did the organization | comply wit  | h backup | with | nolding | rules | for | repo | rtable | payn | nents | to | vendo | rs a | nd r | eport | table | gaming |
|---|----------------------|-------------|----------|------|---------|-------|-----|------|--------|------|-------|----|-------|------|------|-------|-------|--------|
|   | (gambling) winnings  | to prize wi | nners?   |      |         |       |     |      |        |      |       |    |       |      |      |       |       |        |

| Yes |  |
|-----|--|
|     |  |

1c

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|      | Page 5  |     |     |               |
|------|---|-----|-----|---------------|
| Form | 990 (2021)  |     |     | Page <b>5</b> |
| Pa   | Statements Regarding Other IRS Filings and Tax Compliance (continued)   |     |     |               |
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return   |     |     | _             |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.   | 2b  | Yes |               |
| За   | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a  |     | No            |
| b    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   | 3b  |     |               |
|      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 4a  |     | No            |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a  |     | No            |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  |     |     | No            |
|      |   | 5b  |     |               |
|      | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  | 5c  |     | Ne            |
|      | 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).   |     |     |               |
| а    | 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            |
| b    | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b  |     |               |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c  |     | No            |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year   |     |     |               |
| e    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e  |     | No            |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f  |     | No            |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g  |     |               |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h  |     |               |
| 8    | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  | 8   |     |               |
| 9    | Sponsoring organizations maintaining donor advised funds.   |     |     |               |
| а    | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a  |     |               |
| b    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b  |     |               |
| 10   | Section 501(c)(7) organizations. Enter:   |     |     |               |
| a    | Initiation fees and capital contributions included on Part VIII, line 12  |     |     |               |
| b    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |     |     |               |
| 11   | Section 501(c)(12) organizations. Enter:  |     |     |               |
| a    | Gross income from members or shareholders   |     |     |               |
| b    | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |     |               |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a |     |               |
| b    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  |     |     |               |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.  |     |     |               |
| а    | Is the organization licensed to issue qualified health plans in more than one state?  | 13a |     |               |
| b    | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   |     |     |               |

**c** Enter the amount of reserves on hand . . . . .

14a Did the organization receive any nayments for indoor tanning services during the tay year?

13c

| 17a     | Did the organization receive any payments for induor taining services during the tax year:   | 17a      | İ             | I INU  |
|---------|--|----------|---------------|--|
|         | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b      |               |  |
| 15      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   | 15       |               | No   |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.  | 16       |               | No   |
| 17      | <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | 17       |               |  |
|         | If its, complete form 6005.  | F        | orm <b>99</b> | <b>0</b> (2021)                              |
|         |  |          |               |  |
|         | Page 6 ———————————————————————————————————   |          |               |  |
| Form    | 990 (2021)   |          |               | Page <b>6</b>                                |
| Par     | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N  | lo" resp | onse to       |  |
|         | lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI  |          |               | <b>✓</b>                                     |
| Se      | ction A. Governing Body and Management   |          |               |  |
| _       |  |          | Yes           | No   |
| la      | Enter the number of voting members of the governing body at the end of the tax year  1a 6  | 4        |               |  |
|         | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                                |          |               |  |
| b       | Enter the number of voting members included in line 1a, above, who are independent  1b   |          |               |  |
| 2       | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   | -        |               |  |
| _       | officer, director, trustee, or key employee?   | 2        |               | No   |
| 3       | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .                            | 3        |               | No   |
| 4       | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .   | 4        |               | No   |
| 5       | Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization baye members or stockholders?   | 5<br>6   | Yes           | No   |
| 6<br>7a | Did the organization have members or stockholders?   | -        | res           | <del> </del>                                 |
| 74      | members of the governing body?   | 7a       | Yes           |  |
| b       | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b       |               | No   |
| 8       | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |          |               |  |
| a       | The governing body?  | 8a       | Yes           |  |
| ь       | Each committee with authority to act on behalf of the governing body?  | 8b       | Yes           | <b>├</b> ──                                  |
| 9       | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                     | 9        |               | No   |
| Se      | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu  | e Code   | e.)           |  |
|         |  |          | Yes           | No   |
|         | Did the organization have local chapters, branches, or affiliates?   | 10a      |               | No   |
|         | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                       | 10b      |               |  |
| тта     | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a      |               | No   |
| b       | Describe on Schedule O the process, if any, used by the organization to review this Form 990   |          |               |  |
|         | 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           | <u>.                                    </u> |
| 13      | Did the organization have a written whistleblower policy?  | 13       |               | No   |
| 14      | Did the organization have a written document retention and destruction policy?   | 14       |               | No   |
| 15      | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                             |          |               |  |
|         | The organization's CEO, Executive Director, or top management official   | 15a      |               | No   |
| b       | Other officers or key employees of the organization  | 15b      |               | No   |
|         | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |          |               |  |
| тоа     | 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 applie status with respect to such arrangements?  |  |   |                    |                           |                          |                                    |          | lard the organizatio<br>•  | on's exempt   | b   |
|---|---|--|---|--------------------|---------------------------|--------------------------|------------------------------------|----------|--|---|---|
| Se  | ction C. Disclosure   |  |   |                    |                           |                          |                                    |          |  | -   |   |
| 17  | List the states with which a copy of this Fo  | -  |   |                    |                           |                          |                                    |          |  |   |   |
| 18  | Section 6104 requires an organization to r $501(c)(3)s$ only) available for public inspec   | ction. Indicate h  | iow you   | ı mad              | e th                      | ese                      | availa                             | ble.     | Check all that app   |   |   |
| 19  | Own website Another's website Describe in Schedule O whether (and if so   |  |   |                    |                           |                          |                                    |          |  | of interest   |   |
|   | policy, and financial statements available t  | to the public dur  | ring the  | tax y              | /ear.                     |                          |                                    |          |  |   |   |
| 20  | State the name, address, and telephone n ►THE ORGANIZATION 712 H STREET NE  |  |   |                    |                           |                          |                                    |          |  | l records:  | Form <b>990</b> (2021)  |
|   |   |  |   | Page               | 7                         |                          |                                    |          |  |   |   |
| Form  | 990 (2021)  |  |   |                    |                           |                          |                                    |          |  |   | Page <b>7</b>   |
| Part  | Compensation of Officers, D<br>and Independent Contracto  |  | stees,  | Key                | / En                      | npl                      | oyee                               | s, H     | lighest Comper   | sated Employ  | ees,  |
|   | Check if Schedule O contains a resp   | ponse or note to   | any lir   | ne in t            | this                      | Part                     | VII .                              |          |  |   | $\square$   |
| Se  | ction A. Officers, Directors, Truste  |  |   |                    |                           |                          |                                    |          |  |   |   |
|   | mplete this table for all persons required to   | o be listed. Repo  | ort com   | pensa              | ation                     | for                      | the c                              | alen     | dar year ending wi   | th or within the or   | ganization's tax  |
|   | ist all of the organization's <b>current</b> officent<br>opensation. Enter -0- in columns (D), (E), (E),                                    |  |   |                    |                           |                          |                                    | or o     | rganizations), rega  | rdless of amount  |   |
|   | st all of the organization's <b>current</b> key em  | ` ,  | •   |                    |                           |                          |                                    | efinit   | ion of "key employ   | ee."  |   |
| who r   | st the organization's five <b>current</b> highest of<br>eceived reportable compensation (box 5 of<br>ization and any related organizations. |  |   |                    |                           |                          |                                    |          |  |   | .000 from the   |
|   | st all of the organization's <b>former</b> officers,  |  |   |                    |                           |                          | sated                              | emp      | loyees who receive   | ed more than \$100  | ,000  |
| •   | ortable compensation from the organization st all of the organization's former directo  | •  | _   |                    |                           |                          | cana                               | city :   | as a former directo  | r or tructoo of the   |   |
|   | ization, more than \$10,000 of reportable co  |  |   |                    |                           |                          |                                    |          |  |   |   |
| See th  | ne instructions for the order in which to list  | the persons ab   | ove.  |                    |                           |                          |                                    |          |  |   |   |
|   | heck this box if neither the organization no  | or any related o   | ganizat   | tion c             | omp                       | ens                      | ated a                             | ny c     | urrent officer, direc  | ctor, or trustee.   |   |
|   | (A)   | (B)  |   |                    | (C)                       | )                        |                                    |          | (D)  | (E)   | (F)   |
|   | Name and title  | Average<br>hours per<br>week (list<br>any hours  | than o  | ne bo              | ox, u<br>n off            | ınles<br>ficer           | and a                              | son      | Reportable<br>compensation<br>from the<br>organization                             | Reportable<br>compensation<br>from related<br>organizations                                     | Estimated amount of other compensation from the   |
|   | Name and title  | hours per<br>week (list  | than o  | ne bo<br>oth a     | ox, u<br>n off<br>cor/t   | inles<br>ficer<br>rust   | ss per<br>and a                    | son      | Reportable compensation from the   | Reportable compensation from related  | amount of other compensation  |
|   | NH NYUGEN   | hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below dotted                 | than dis billindividual or director                         | one booth a direct | ox, u<br>n off<br>cor/t   | ficer<br>rust<br>Key emp | s per and a ee) Highest compensate | son<br>a | Reportable<br>compensation<br>from the<br>organization<br>(W-2/1099-<br>MISC/1099- | Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-<br>MISC/1099-         | amount of other<br>compensation<br>from the<br>organization and<br>related                  |
| . ,   | NH NYUGEN   | hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below dotted<br>line)        | than is Individual trustee or director                      | one booth a direct | ox, un officer            | ficer<br>rust<br>Key emp | s per and a ee) Highest compensate | son<br>a | Reportable<br>compensation<br>from the<br>organization<br>(W-2/1099-<br>MISC/1099- | Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-<br>MISC/1099-<br>NEC) | amount of other<br>compensation<br>from the<br>organization and<br>related                  |
| PRESII  | NH NYUGEN<br>DENT<br>NIELA WALTERSDORFER  | hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below dotted<br>line)        | than is Individual trustee or director                      | one booth a direct | ox, un officer            | ficer<br>rust<br>Key emp | s per and a ee) Highest compensate | son<br>a | Reportable<br>compensation<br>from the<br>organization<br>(W-2/1099-<br>MISC/1099- | Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-<br>MISC/1099-<br>NEC) | amount of other<br>compensation<br>from the<br>organization and<br>related                  |
| PRESII (2) DA VICE P  | NH NYUGEN<br>DENT<br>NIELA WALTERSDORFER<br>RESIDENT  | hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below dotted<br>line)        | than ob<br>is Individual trustee x                          | one booth a direct | ox, un officer officer    | ficer<br>rust<br>Key emp | s per and a ee) Highest compensate | son<br>a | Reportable<br>compensation<br>from the<br>organization<br>(W-2/1099-<br>MISC/1099- | Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-<br>MISC/1099-<br>NEC) | amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
| PRESIDE (2) DA VICE P   | NH NYUGEN<br>DENT<br>NIELA WALTERSDORFER<br>RESIDENT<br>AM FRANCO   | hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below dotted<br>line)        | than ob<br>is Individual trustee x                          | one booth a direct | ox, un officer officer    | ficer<br>rust<br>Key emp | s per and a ee) Highest compensate | son<br>a | Reportable<br>compensation<br>from the<br>organization<br>(W-2/1099-<br>MISC/1099- | Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-<br>MISC/1099-<br>NEC) | amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
| (2) DA<br>VICE P<br>(3) AD  | NH NYUGEN<br>DENT<br>NIELA WALTERSDORFER<br>RESIDENT<br>AM FRANCO   | hours per week (list any hours for related organizations below dotted line)  5.00                    | than ob is Individual trustee x x                           | one booth a direct | ox, un officer or/ticer x | ficer<br>rust<br>Key emp | s per and a ee) Highest compensate | son<br>a | Reportable<br>compensation<br>from the<br>organization<br>(W-2/1099-<br>MISC/1099- | Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-<br>MISC/1099-<br>NEC) | amount of other compensation from the organization and related organizations                |
| (2) DA VICE P (3) AD TREAS  | NH NYUGEN  DENT  NIELA WALTERSDORFER  RESIDENT  AM FRANCO  URER  IAN SPERLONGANO  | hours per week (list any hours for related organizations below dotted line)  5.00                    | than ob is Individual trustee x x                           | one booth a direct | ox, un officer or/ticer x | ficer<br>rust<br>Key emp | s per and a ee) Highest compensate | son<br>a | Reportable<br>compensation<br>from the<br>organization<br>(W-2/1099-<br>MISC/1099- | Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-<br>MISC/1099-<br>NEC) | amount of other compensation from the organization and related organizations                |
| (2) DA VICE P (3) AD TREAS (4) BR                                     | NH NYUGEN  DENT  NIELA WALTERSDORFER  RESIDENT  AM FRANCO  URER  IAN SPERLONGANO  TARY  ANE FRITZ   | hours per week (list any hours for related organizations below dotted line)  5.00  5.00  5.00        | than objective that is individual trustee or director x     | one booth a direct | x x                       | ficer<br>rust<br>Key emp | s per and a ee) Highest compensate | son<br>a | Reportable<br>compensation<br>from the<br>organization<br>(W-2/1099-<br>MISC/1099- | Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)                     | amount of other compensation from the organization and related organizations                |
| PRESII  (2) DA  VICE P  (3) AD  TREAS  (4) BR  SECRE  (5) DIA  AT LAR | NH NYUGEN  DENT  NIELA WALTERSDORFER  RESIDENT  AM FRANCO  URER  IAN SPERLONGANO  TARY  ANE FRITZ   | hours per week (list any hours for related organizations below dotted line)  5.00  5.00  5.00  5.00  | than objective that is individual trustee or director x x x | one booth a direct | x x                       | ficer<br>rust<br>Key emp | s per and a ee) Highest compensate | son      | Reportable<br>compensation<br>from the<br>organization<br>(W-2/1099-<br>MISC/1099- | Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)                     | amount of other compensation from the organization and related organizations                |
| (2) DA VICE P (3) AD TREAS (4) BR SECRE (5) DIA AT LAR                | NH NYUGEN DENT NIELA WALTERSDORFER RESIDENT AM FRANCO URER IAN SPERLONGANO TARY ANE FRITZ   | hours per week (list any hours for related organizations below dotted line)  5.00  5.00  5.00  40.00 | than objective that is individual trustee or director x x x | one booth a direct | ox, un officer  x  x  x   | ficer<br>rust<br>Key emp | s per and a ee) Highest compensate | son      | Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)             | Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)                     | amount of other compensation from the organization and related organizations                |
| (2) DA VICE P (3) AD TREAS (4) BR SECRE (5) DIA AT LAR                | NH NYUGEN DENT NIELA WALTERSDORFER RESIDENT AM FRANCO URER IAN SPERLONGANO TARY ANE FRITZ IGE GGIE CAWLEY                                   | hours per week (list any hours for related organizations below dotted line)  5.00  5.00  5.00  40.00 | than objective that is individual trustee or director x x x | one booth a direct | ox, un officer  x  x  x   | ficer<br>rust<br>Key emp | s per and a ee) Highest compensate | son      | Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)             | Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)                     | amount of other compensation from the organization and related organizations                |
| (2) DA VICE P (3) AD TREAS (4) BR SECRE (5) DIA AT LAR                | NH NYUGEN DENT NIELA WALTERSDORFER RESIDENT AM FRANCO URER IAN SPERLONGANO TARY ANE FRITZ IGE GGIE CAWLEY                                   | hours per week (list any hours for related organizations below dotted line)  5.00  5.00  5.00  40.00 | than objective that is individual trustee or director x x x | one booth a direct | ox, un officer  x  x  x   | ficer<br>rust<br>Key emp | s per and a ee) Highest compensate | son      | Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)             | Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)                     | amount of other compensation from the organization and related organizations                |

|  | <del></del>                   | 1                                 |                       |         | 1              | 1 1                             |        | 1           | <del> </del>                         | +                          | -        |                    |                 |
|--|-------------------------------|-----------------------------------|-----------------------|---------|----------------|---------------------------------|--------|-------------|--------------------------------------|----------------------------|----------|--------------------|-----------------|
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               | +                                 |                       |         |                |                                 |        |             |                                      |                            | $\dashv$ |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            | -        |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   | -                     |         |                | <u> </u>                        |        |             |                                      |                            |          | Form <b>99</b>     | <b>0</b> (2021) |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       | Page    | 8 9            |                                 |        |             |                                      |                            |          |                    |                 |
| orm 990 (2021)   |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    | Page <b>8</b>   |
| Part VII Section A. Officers, Direct   | tors, Trustees                | s, Key                            | Emp                   | loye    | es,            | and                             | Higl   | nes         | t Compensate                         | d Employees                | (conti   | nued)              |                 |
| (A)  | (B)                           |                                   |                       | (C      | )              |                                 |        |             | (D)                                  | (E)                        |          | (F)                | )               |
| Name and title   | Average<br>hours per          | Posit                             | ion (d<br>one b       | o no    | t ch           | eck n                           | nore   |             | Reportable<br>compensation           | Reportable compensation    | ,   ,    | Estima<br>amount d | ated            |
|  | week (list                    |                                   | both a                | n of    | fice           | r and                           |        |             | from the                             | from related               |          | compen             | sation          |
|  | any hours<br>for related      | 0 =                               | direc                 |         |                |                                 | _      | ł           | ganization (W-<br>2/1099-            | organizations (<br>2/1099- | c        | from<br>organizat  |                 |
|  | organizations<br>below dotted | Individual trustee<br>or director | Inst                  | Officer | Key employee   | Highest compensated<br>employee | Former | M]          | SC/1099-NEC)                         | MISC/1099-NE               | C)       | relat<br>organiza  |                 |
|  | line)                         | idus<br>BCt                       | Institutional Trustee | æ       | emp            | est<br>oye                      | ĕ      |             |                                      |                            |          |                    |                 |
|  |                               | or tn                             | onal                  |         | oloye          | e om                            |        |             |                                      |                            |          |                    |                 |
|  |                               | edeu                              | 쿹                     |         | 99             | per                             |        |             |                                      |                            |          |                    |                 |
|  |                               | ō                                 | stee                  |         |                | 1S at                           |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   | Ĩ                     |         |                | ed                              | ,      |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   | -                     |         |                |                                 |        |             |                                      |                            | -        |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            | -        |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
| th Cub Tabel   |                               |                                   |                       | 1       |                | L.                              |        |             | Ī                                    |                            |          |                    |                 |
| 1b Sub-Total   |                               |                                   |                       | ٠.      |                | <b>*</b>                        |        |             |                                      |                            | -        |                    |                 |
| d Total (add lines 1b and 1c)  |                               |                                   |                       |         |                | •                               |        |             | 100,000                              |                            | 0        |                    | 7,354           |
| Total number of individuals (including   | but not limited               | to tho                            | se list               | ed a    | bove           | e) wh                           | o rece | eive        | d more than \$10                     | 0,000                      | _        |                    |                 |
| of reportable compensation from the  | organization 🕨                | U                                 |                       |         |                |                                 |        |             |                                      |                            |          |                    |                 |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      |                            |          | Yes                | No              |
| Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule</i> 3 | •                             |                                   |                       | •       |                |                                 |        | _           | •                                    | employee on                | _        |                    | RI -            |
|  |                               |                                   |                       |         |                |                                 |        |             |                                      | tho.                       | 3        |                    | No              |
| For any individual listed on line 1a, is organization and related organization.              | s greater than s              | \$150,00                          | 00? <i>If</i>         | "Yes    | acior<br>5," c | i and<br>omple                  | ete So | cor<br>chea | ilpelisation from<br>Iule J for such | uie                        |          |                    |                 |
| individual   |                               | •                                 |                       | •       | •              | •                               |        | •           |                                      |                            | 4        |                    | No              |
| Did any person listed on line 1a received  | ve or accrue co               | mpensa                            | ation f               | rom     | any            | unre                            | lated  | org         | anization or indi                    | idual for                  |          |                    |                 |

| Section B. Independent Contractors   | e scriedule 3 for such pers  | 011                   | !                           | 5 No                                |
|--|------------------------------|-----------------------|-----------------------------|-------------------------------------|
| Complete this table for your five highest compensated                      | independent contractors th   | nat received more tha | n \$100,000 of compe        | ensation                            |
| from the organization. Report compensation for the cal                     |                              |                       | n's tax year.               |                                     |
| (A)<br>Name and business address   | 5                            | Des                   | (B)<br>cription of services | (C)<br>Compensation                 |
|  |                              |                       |                             |                                     |
|  |                              |                       |                             |                                     |
|  |                              |                       |                             |                                     |
|  |                              |                       |                             |                                     |
| 2 Total number of independent contractors (including but n                 | ot limited to those listed a | bove) who received m  | ore than \$100,000 o        | f                                   |
| compensation from the organization ► 0                                     |                              |                       |                             | Form <b>990</b> (2021               |
|  |                              |                       |                             |                                     |
|  | Page 9                       |                       |                             |                                     |
|  |                              |                       |                             |                                     |
| orm 990 (2021)   |                              |                       |                             | Page <b>9</b>                       |
| Part VIII Statement of Revenue   |                              |                       |                             |                                     |
| Check if Schedule O contains a response or no                              | (A)                          | (B)                   | (C)                         | (D)                                 |
|  | Total revenue                | Related or            | Unrelated                   | Revenue                             |
|  |                              | exempt<br>function    | business<br>revenue         | excluded from<br>tax under sections |
|  |                              | revenue               | revenue                     | 512 - 514                           |
| Federated campaigns 1a   |                              |                       |                             |                                     |
| Contributions,   |                              |                       |                             |                                     |
| hu Membership dues 1b  |                              |                       |                             |                                     |
| OtherAmt 7,287   |                              |                       |                             |                                     |
| Mounts 1c  |                              |                       |                             |                                     |
|  |                              |                       |                             |                                     |
| d Related organizations 1d   |                              |                       |                             |                                     |
| <u></u>  |                              |                       |                             |                                     |
| e Government grants (contributions)  |                              |                       |                             |                                     |
|  |                              |                       |                             |                                     |
| f All other contributions, gifts, grants, and similar amounts not included |                              |                       |                             |                                     |
| above 1f   |                              |                       |                             |                                     |
| 203,828  |                              |                       |                             |                                     |
| g Noncash contributions included in  |                              |                       |                             |                                     |
| lines 1a - 1f:\$   |                              |                       |                             |                                     |
|  |                              |                       |                             |                                     |
| h Total. Add lines 1a-1f   |                              |                       |                             |                                     |
| Busines  | 211,115                      |                       | 1                           |                                     |
|  | 17,6°                        | 75 17,675             |                             |                                     |
| 2a CONFERENCE  | 541900                       | 17,075                |                             |                                     |
| 7  |                              |                       |                             |                                     |
| 3  |                              |                       |                             |                                     |
| Service Bevenue  |                              |                       |                             |                                     |
| Nic.   |                              |                       |                             |                                     |
| e e  |                              |                       |                             |                                     |
| <u> </u>   |                              |                       |                             |                                     |
| Program .  |                              |                       |                             |                                     |
| £  |                              |                       |                             |                                     |
| <b>f</b> All other program service revenue.                                |                              |                       |                             |                                     |
| <b>9 Total.</b> Add lines 2a–2f <b>.</b>                                   | 17,675                       |                       |                             |                                     |
| 3 Investment income (including dividends, interest, and                    |                              |                       |                             |                                     |
| similar amounts)   |                              | 13                    |                             | 13                                  |
| 4 Income from investment of tax-exempt bond proceeds                       | s <b>b</b>                   |                       |                             |                                     |
| <b>5</b> Royalties   | <b>•</b>                     |                       |                             |                                     |
| (i) Real (ii) Pers   | sonal                        |                       |                             |                                     |
| (I) Real (II) Fels   |                              |                       |                             |                                     |
| 6a Gross rents 6a  |                              |                       |                             |                                     |

|               | b          | Less: rental expenses  | 6Ł   | ,              |                |       |                |          |                      |       |                        |                              |                              |
|---------------|------------|--|--|----------------|----------------|-------|----------------|----------|----------------------|-------|------------------------|------------------------------|------------------------------|
|               | С          | Rental income or (loss)  | 60   |                |                |       |                |          |                      |       |                        |                              |                              |
|               | d          | Net rental income  |  |                |                | ٠.    |                | _        | 1                    |       |                        |                              |                              |
|               |            | [  |  | (i) Securi     |                |       | (ii) Ot        |          |                      | +     |                        |                              |                              |
|               | 7a         | Gross amount from sales of assets other than inventory   | 7 <i>a</i>                                   |                |                |       | (,             |          | -                    |       |                        |                              |                              |
|               | b          | Less: cost or other basis and sales expenses   | 7t   |                |                |       |                |          |                      |       |                        |                              |                              |
|               | _          | Gain or (loss)   | 70   |                |                |       |                |          |                      |       |                        |                              |                              |
|               |            | Net gain or (loss)   | <u>.                                    </u> |                |                | ٠.    |                | •        | <u>ተ</u>             | i     |                        |                              |                              |
| Other Beyonie | b c        | Gross income from fur<br>(not including \$<br>contributions reported<br>See Part IV, line 18<br>Less: direct expens<br>Net income or (loss | on<br>•                                      | of line 1c).   | <b>8a 8b</b>   | nts   |                | _        |                      |       |                        |                              |                              |
| ŧ             | •          |  | ٠,   |                | .g 0.0         |       |                | •        | 1                    |       |                        |                              |                              |
|               | <b>-</b> u | Gross income from g<br>See Part IV, line 19  | •  |                | 9a             |       |                |          | -                    |       |                        |                              |                              |
|               |            | Less: direct expens  Net income or (loss   |  |                | 9b<br>ctivitie | 20    |                | _        | _                    |       |                        |                              |                              |
|               |            | ivee meanie or (1035   | J) 11  | om gaming a    |                | .5    | •              | •        |                      |       |                        |                              |                              |
|               |            | Gross sales of invereturns and alloware Less: cost of goods  | nce  | S              | 10a<br>10b     |       |                |          | -                    |       |                        |                              |                              |
|               | С          | Net income or (loss  | s) fr  | om sales of i  | nvento         | ry .  |                | •        | _                    | Ì     |                        |                              | li                           |
|               |            | Miscellaneo  | us l   | Revenue        |                | Вι    | ısiness        | Code     |                      |       |                        |                              | ,                            |
|               | 11         | a  |  |                |                |       |                |          |                      |       |                        |                              |                              |
|               |            |  |  |                |                |       |                |          |                      |       |                        |                              |                              |
|               | b          |  |  |                |                |       |                |          |                      |       |                        |                              |                              |
|               |            |  |  |                |                |       |                |          |                      |       |                        |                              |                              |
|               | С          |  |  |                |                |       |                |          |                      |       |                        |                              |                              |
|               |            |  |  |                |                |       |                |          |                      |       |                        |                              |                              |
|               | d          | All other revenue  | •  |                |                |       |                |          |                      | 1     |                        |                              |                              |
|               | е          | Total. Add lines 11  | la-:   | l1d            | '              |       |                | •        |                      |       |                        |                              |                              |
|               | 12         | Total revenue. Se  | ee ir  | nstructions .  |                |       |                |          |                      |       |                        |                              |                              |
|               |            |  |  |                |                |       |                | _        | 228,8                | 303   | 17,675                 | 0                            | 13<br>Form <b>990</b> (2021) |
|               |            |  |  |                |                |       |                |          |                      |       |                        |                              | 101111 990 (2021)            |
|               |            |  |  |                |                |       |                |          | Page 10 ——           |       |                        |                              |                              |
| Orr           | n Or       | 90 (2021)  |  |                |                |       |                |          |                      |       |                        |                              | 5. 4 <b>5</b>                |
|               | art I      | <u> </u>   | οf   | Functional     | Fyn            | ence  | PC             |          |                      |       |                        |                              | Page <b>10</b>               |
|               | ort li     | Section 501(c  | 3(3  | ) and 501(c)(  | 4) org         | aniza | ations i       | must co  | mplete all columns   | s. Al | II other organization  | ns must complete co          | lumn (A).                    |
|               |            | Check if Sche  | dule   | e O contains a | respo          | onse  | or note        | e to any | line in this Part IX |       | <u></u>                | <u></u>                      | 🗸                            |
| Oo            | not        | include amounts  | re   | ported on lin  | es 6b          | ,     |                |          | (A)                  |       | (B)<br>Program service | <b>(C)</b><br>Management and | ( <b>D)</b><br>Fundraising   |
| _             |            | 9b, and 10b of Pa  |  |                |                |       |                |          | Total expenses       |       | expenses               | general expenses             | expenses                     |
| 1             |            | ants and other assis<br>mestic governments   |  |                |                |       | tions a<br>• • | nd<br>•  |                      |       |                        |                              |                              |
| 2             |            | ants and other assist IV, line 22  |  |                |                |       | ıls. See       | •        |                      |       |                        |                              |                              |
| 3             | go         | ants and other assisvernments, and fore  | eign   | individuals. S | See Pa         |       |                |          |                      |       |                        |                              |                              |
| 4             | Ве         | nefits paid to or for  | me   | mbers          |                |       |                |          |                      |       |                        |                              |                              |
| 5             |            | mpensation of currey employees   |  |                |                |       |                | d<br>•   | 102,110              |       | 71,477                 | 20,422                       | 10,211                       |

**b** Less: rentai

| 6    | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$  |                             |              |        |   |       |                        |
|------|---|-----------------------------|--------------|--------|---|-------|------------------------|
| 7    | Other salaries and wages  |                             |              |        |   |       |                        |
| 8    | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                             |              |        |   |       |                        |
| 9    | Other employee benefits   |                             |              |        |   |       |                        |
| 10   | Payroll taxes   | 7,766                       | 5,436        |        |   | 1,553 | 777                    |
| 11   | Fees for services (non-employees):  |                             |              |        |   |       |                        |
| ā    | Management  |                             |              |        |   |       |                        |
| t    | Legal   |                             |              |        |   |       |                        |
| •    | Accounting  | 10,552                      |              |        | 1 | 0,552 |                        |
| c    | l Lobbying  |                             |              |        |   |       |                        |
| •    | 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 O)  | 45,199                      | 44,815       |        |   | 256   | 128                    |
| 12   | Advertising and promotion   | 30                          | 30           |        |   |       |                        |
| 13   | Office expenses   | 9,044                       |              |        |   | 9,044 |                        |
| 14   | Information technology  | 943                         |              |        |   | 943   |                        |
| 15   | Royalties   |                             |              |        |   |       |                        |
| 16   | Occupancy   |                             |              |        |   |       |                        |
| 17   | Travel  | 1,588                       |              |        |   | 1,588 |                        |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials .  |                             |              |        |   |       |                        |
| 19   | Conferences, conventions, and meetings  |                             |              |        |   |       |                        |
| 20   | Interest  |                             |              |        |   |       |                        |
| 21   | Payments to affiliates  |                             |              |        |   |       |                        |
| 22   | Depreciation, depletion, and amortization   | 628                         |              |        |   | 628   |                        |
| 23   | Insurance   | 764                         |              |        |   | 764   |                        |
| 24   | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                             |              |        |   |       |                        |
|      | a MEMBERSHIP DUES   | 1,650                       |              |        |   | 1,650 |                        |
|      |   |                             |              |        |   |       |                        |
|      | b POSTAGE   | 668                         |              |        |   | 668   |                        |
|      | c BANK FEES   | 567                         |              |        |   | 567   |                        |
|      | d TELEPHONE   | 159                         |              |        |   | 159   |                        |
|      | e All other expenses  |                             |              |        |   |       |                        |
| 25   | Total functional expenses. Add lines 1 through 24e  | 181,668                     | 121,758      |        | 4 | 8,794 | 11,116                 |
| 26   | <b>Joint costs.</b> 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 <b>990</b> (2021) |
|      |   |                             |              |        |   |       |                        |
|      |   | — Page 11 ———               |              |        |   |       |                        |
| Forr | n 990 (2021)  |                             |              |        |   |       | Page <b>11</b>         |
|      | art X Balance Sheet   |                             |              |        |   |       | rage 11                |
|      |   | line in this Bort IV        |              |        |   |       |                        |
|      | Check if Schedule O contains a response or note to any  | / IIIIe III tilis Part IX . | (A)          |        |   | •     | (B)                    |
|      | T   |                             | Beginning of |        |   |       | End of year            |
|      | 1 Cash-non-interest-bearing   | •                           |              | 93,010 | 1 |       | 140,773                |
|      | 2 Savings and temporary cash investments  |                             |              |        | 2 |       |                        |
|      | <b>3</b> Pledges and grants receivable, net   | •                           |              |        | 3 |       |                        |
|      | 4 Accounts receivable, net  |                             |              |        | 4 |       |                        |
|      | 5 Loans and other receivables from any current or former trustee key employee creator or founder substantial of   | officer, director,          |              |        | 1 |       |                        |

|             |        | controlled entity or family member of any of the  | 5        |                              |                           |             |                        |
|-------------|--------|---|----------|------------------------------|---------------------------|-------------|------------------------|
|             | 6      | Loans and other receivables from other disquali section $4958(f)(1)$ ), and persons described in so   |          |                              |                           | 6           |                        |
| s           | 7      | Notes and loans receivable, net   |          |                              |                           | 7           |                        |
| ssets       | 8      | Inventories for sale or use   |          |                              |                           | 8           |                        |
| Ass         | 9      | Prepaid expenses and deferred charges   |          |                              |                           | 9           |                        |
| 1           | 10a    | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a      | 6,051                        |                           |             |                        |
|             | b      | Less: accumulated depreciation  | 10b      | 5,233                        | 1,446                     | <b>10</b> c | 818                    |
|             | 11     | Investments—publicly traded securities .  |          |                              |                           | 11          |                        |
|             | 12     | Investments—other securities. See Part IV, line   | 11 .     |                              |                           | 12          |                        |
|             | 13     | Investments—program-related. See Part IV, line  | 11 .     |                              |                           | 13          |                        |
|             | 14     | Intangible assets   |          | [                            |                           | 14          |                        |
|             | 15     | 5 Other assets. See Part IV, line 11  |          |                              |                           |             |                        |
|             | 16     | Total assets. Add lines 1 through 15 (must eq   | ual line | 33)                          | 94,456                    | 16          | 141,591                |
|             | 17     | Accounts payable and accrued expenses   |          |                              |                           | 17          |                        |
|             | 18     | Grants payable  |          |                              |                           | 18          |                        |
|             | 19     | 9 Deferred revenue  |          |                              |                           |             |                        |
|             | 20     | 20 Tax-exempt bond liabilities  |          |                              |                           |             |                        |
| Liabilities | 21     | Escrow or custodial account liability. Complete F   | 21       |                              |                           |             |                        |
|             | 22     | Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons . | 22       |                              |                           |             |                        |
|             | 23     | Secured mortgages and notes payable to unrela   | ted thi  | rd parties                   |                           | 23          |                        |
|             | 24     | Unsecured notes and loans payable to unrelated  |          | · · ·                        |                           | 24          |                        |
|             | 25     | Other liabilities (including federal income tax, pa<br>and other liabilities not included on lines 17 - 24<br>Complete Part X of Schedule D | 25       |                              |                           |             |                        |
|             | 26     | <b>Total liabilities.</b> Add lines 17 through 25 .   |          |                              | 0                         | 26          | 0                      |
| S           |        | Organizations that follow FASB ASC 958, cl  | ack h    | ere 🕨 🗸 and                  |                           |             | _                      |
| Balances    |        | complete lines 27, 28, 32, and 33.  | ieck ii  | ere P dilu                   |                           |             |                        |
| ala         | 27     | Net assets without donor restrictions   |          |                              | 94,456                    | 27          | 141,591                |
| 8           | 28     | Net assets with donor restrictions  |          |                              |                           | 28          |                        |
| r Fund      |        | Organizations that do not follow FASB ASC complete lines 29 through 33.   | 958, c   | heck here 🕨 🗌 and            |                           |             |                        |
| S OF        | 29     | Capital stock or trust principal, or current funds  |          | · · · · ·                    |                           | 29          |                        |
| sets        | 30     | Paid-in or capital surplus, or land, building or eq   |          | <u> </u>                     |                           | 30          |                        |
| Asse        | 31     | Retained earnings, endowment, accumulated in  |          | <u> </u>                     |                           | 31          |                        |
| Net         | 32     | Total net assets or fund balances   | •        |                              | 94,456                    | 32          | 141,591                |
| Z           | 33     | Total liabilities and net assets/fund balances .  | •        |                              | 94,456                    | 33          | 141,591                |
|             |        |   |          | — Page 12 ———                |                           |             | Form <b>990</b> (2021) |
| Form        | 1 990  | (2021)  |          |                              |                           |             | Page <b>12</b>         |
|             | art XI | Reconcilliation of Net Assets   |          |                              |                           |             | rage 12                |
|             |        | Check if Schedule O contains a response or n  | ote to a | any line in this Part XI.    |                           |             |                        |
|             |        | ·   |          | ,                            |                           |             |                        |
| 1           | Tota   | al revenue (must equal Part VIII, column (A), line  | 12) .    |                              |                           | 1           | 228,803                |
| 2           | Tota   | al expenses (must equal Part IX, column (A), line   | 25) .    |                              |                           | 2           | 181,668                |
| 3           |        | enue less expenses. Subtract line 2 from line 1   |          |                              |                           | 3           | 47,135                 |
| 4           | Net    | assets or fund balances at beginning of year (mu  | ıst equ  | al Part X, line 32, column ( | A))                       | 4           | 94,456                 |
| 5           |        | unrealized gains (losses) on investments  |          |                              |                           | 5           |                        |
| 6           |        | nated services and use of facilities  |          |                              |                           | 6           |                        |
| 7           |        | estment expenses  |          |                              |                           | 7           |                        |
| 8           |        | r period adjustments  |          |                              |                           | 8           | ļ                      |
| 9           |        | er changes in net assets or fund balances (explai   |          |                              |                           | 9           | 0                      |
| 10          | Net    | assets or fund balances at end of year. Combine   | lines 3  | through 9 (must equal Par    | t X, line 32, column (B)) | 10          | 141,591                |

|    |   |       | Yes            | No            |
|----|---|-------|----------------|---------------|
| 1  | Accounting method used to prepare the Form 990:   |       |                |               |
| 1  | If the organization changed its method of accounting from a prior year or checked "Other," explain on   |       |                |               |
|    | Schedule O.   |       |                |               |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   | 2a    | Yes            |               |
|    | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   |       |                |               |
|    | ✓ Separate basis  |       |                |               |
| b  | Were the organization's financial statements audited by an independent accountant?  | 2b    |                | No            |
|    | 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:   | ,     |                |               |
|    | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  |       |                |               |
| С  | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c    |                | No            |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule  | 0.    |                |               |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | 3a    |                | No            |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.     | 3b    |                |               |
|    |   |       | Form <b>99</b> | <b>0</b> (202 |
|    |   |       |                |               |
|    |   |       |                |               |
| rm | 990 (2021)  |       |                |               |
|    | 990 (2021)  Iditional Data  | Retur | n to Fo        | orm           |
|    | · , ,   | Retur | n to Fo        | orm           |
|    | Iditional Data Software ID:   | Retur | n to Fo        | orm           |
| Ad | Iditional Data  | Retur | n to Fo        | orm           |

ObjectId: 202241369349310574 - Submission: 2022-05-16

TIN: 27-2375394

OMB No. 1545-0047

#### **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

**Open to Public Inspection Employer identification number** 

|  |        | ne organization   |                                     |  |  |  | Employer identific                                      | ation number  |
|--|--------|---|-------------------------------------|--|--|--|---|---|
| OPEN   | SIREEI | 「MAP US INC   |                                     |  |  |  | 27-2375394  |   |
|  | rt I   | Reason for Public   |                                     |  |  |  | See instructions.                                       |   |
| _  | rganiz | ration is not a private four  |                                     | •  | <i>,</i>                               | ,  |   |   |
| 1  |        | A church, convention of   | •                                   |  |  |  | (A)(i).   |   |
| 2  |        | A school described in se  | ection 170(b)(                      | 1)(A)(ii). (Attach Sch   | nedule E (Form                         | 990).)                                   |   |   |
| 3  |        | A hospital or a cooperat  | ive hospital serv                   | vice organization descr  | ribed in <b>sectior</b>                | 170(b)(1)(A)(                            | iii).   |   |
| 4  |        | A medical research organisme, city, and state:  | nization operate                    | ed in conjunction with   | a hospital desc                        | ribed in <b>section</b> 1                | 170(b)(1)(A)(iii). E                                    | nter the hospital's                                   |
| 5  |        | An organization operate 170(b)(1)(A)(iv). (Co   |                                     |  | rsity owned or o                       | perated by a gov                         | ernmental unit descril                                  | oed in <b>section</b>                                 |
| 6  |        | A federal, state, or local  | government or                       | governmental unit de   | scribed in <b>sect</b>                 | ion 170(b)(1)(A                          | a)(v).  |   |
| An organization that normally receives a substantial part of its support from a governmental unit or from the general public d section 170(b)(1)(A)(vi). (Complete Part II.) |        |   |                                     |  |  | al public described in                   |   |   |
| 8  |        | A community trust desc  | ribed in <b>section</b>             | 170(b)(1)(A)(vi).  | (Complete Part                         | II.)                                     |   |   |
| 9  |        | An agricultural research non-land grant college of  |                                     |  |  |  |   | ege or university or a                                |
| 10   |        | An organization that no from activities related to investment income and 30, 1975. See <b>section</b> | o its exempt fun<br>unrelated busin | ctions—subject to cert<br>ess taxable income (le   | tain exceptions,                       | and (2) no more                          | than 33 1/3% of its su                                  | ipport from gross                                     |
| 11   |        | An organization organiz   | ed and operated                     | d exclusively to test for  | r public safety.                       | See section 509                          | (a)(4).   |   |
| 12   |        | An organization organiz<br>more publicly supported<br>on lines 12a through 12                         | l organizations d                   | described in section 5   | 09(a)(1) or se                         | ection 509(a)(2)                         | ). See section 509(a                                    |   |
| а  |        | Type I. A supporting or organization(s) the pow complete Part IV, Sec                                 | er to regularly a                   | appoint or elect a majo  | ontrolled by its<br>ority of the direc | supported organiz<br>ctors or trustees o | zation(s), typically by<br>of the supporting orga       | giving the supported nization. <b>You must</b>        |
| b  |        | Type II. A supporting of management of the sup must complete Part I                                   | porting organiza                    | ation vested in the sar  |  |  |   |   |
| С  |        | Type III functionally supported organization(   | s) (see instructi                   | ons). You must com   | plete Part IV,                         | Sections A, D, a                         | nd E.   | ,   |
| d  |        | Type III non-function functionally integrated. instructions). You must                                | The organization                    | n generally must satis   | fy a distribution                      | requirement and                          |   |   |
| e  |        | Check this box if the org   |                                     |  |  | IRS that it is a Ty                      | pe I, Type II, Type III                                 | functionally  |
| f  | Enter  | integrated, or Type III r<br>the number of supported  | •                                   |  | -                                      |  |   |   |
| g  |        | de the following informat   | 3                                   |  |  |  |   | _   |
|  |        | Name of supported organization  | (ii) EIN                            | (iii) Type of<br>organization<br>(described on lines<br>1- 10 above (see<br>instructions)) | (iv) Is the or                         | ganization listed<br>ning document?      | (v) Amount of<br>monetary support<br>(see instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|  |        |   |                                     |  | Yes                                    | No                                       |   |   |
|  |        |   |                                     |  |  | <u> </u>                                 |   |   |
| Tota   |        |   |                                     |  |  |  |   |   |
| For F  | aperv  | work Reduction Act No<br>or 990-EZ.   | tice, see the Ir                    |  | Cat. No. 1128                          | B5F                                      | Schedule  | A (Form 990) 2021                                     |
|  |        |   |                                     |  |  |  |   |   |
| Sche   | dule A | (Form 990) 2021   |                                     |  |  |  |   | Page <b>2</b>   |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.

Part II

|     | r fiscal year beginning in)   | (a) 2017                 | <b>(b)</b> 2018     | <b>(c)</b> 2019      | ( <b>d)</b> 2020   | <b>(e)</b> 2021     | (f) Total      |
|-----|---|--------------------------|---------------------|----------------------|--------------------|---------------------|----------------|
| 1   | Gifts, grants, contributions, and   | 239,348                  | 279,862             | 223,019              | 45,544             | 211,115             | 998,888        |
|     | membership fees received. (Do not include any "unusual grant.")   | 239,346                  | 279,862             | 223,019              | 45,544             | 211,115             | 990,000        |
| 2   | Tax revenues levied for the organization's benefit and either paid  |                          |                     |                      |                    |                     |                |
|     | to or expended on its behalf  |                          |                     |                      |                    |                     |                |
| 3   | The value of services or facilities furnished by a governmental unit to   |                          |                     |                      |                    |                     |                |
|     | the organization without charge   |                          |                     |                      |                    |                     |                |
| 4   | <b>Total.</b> Add lines 1 through 3 The portion of total contributions by   | 239,348                  | 279,862             | 223,019              | 45,544             | 211,115             | 998,888        |
| 5   | each person (other than a   |                          |                     |                      |                    |                     |                |
|     | governmental unit or publicly supported organization) included on   |                          |                     |                      |                    |                     | 398,640        |
|     | line 1 that exceeds 2% of the amount  |                          |                     |                      |                    |                     |                |
| 6   | shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from  |                          |                     |                      |                    |                     |                |
| _   | line 4.   |                          |                     |                      |                    |                     | 600,248        |
|     | Section B. Total Support  | T                        | T                   | 1                    | ı                  | 1                   |                |
|     | llendar year<br>r fiscal year beginning in) 🕨   | (a) 2017                 | <b>(b)</b> 2018     | <b>(c)</b> 2019      | ( <b>d</b> ) 2020  | (e) 2021            | (f) Total      |
| 7   | Amounts from line 4   | 239,348                  | 279,862             | 223,019              | 45,544             | 211,115             | 998,888        |
| 8   | Gross income from interest, dividends, payments received on   |                          |                     |                      |                    |                     |                |
|     | securities loans, rents, royalties and  | 131                      | . 144               | 107                  | 28                 | 13                  | 423            |
| 9   | income from similar sources Net income from unrelated business  |                          |                     |                      |                    |                     |                |
|     | activities, whether or not the  |                          |                     |                      |                    |                     |                |
| 10  | business is regularly carried on Other income. Do not include gain or   |                          | <del> </del>        | 1                    |                    | <del> </del>        |                |
|     | loss from the sale of capital assets  |                          |                     |                      |                    |                     |                |
| 11  | (Explain in Part VI.) <b>Total support.</b> Add lines 7 through   |                          |                     |                      |                    |                     | 999,311        |
|     | 10 Gross receipts from related activities, e  | ts (see instruction      | nc)                 |                      |                    | 1401                | ·              |
| 12  | ·   | `                        | •                   |                      |                    | 12  <br>            | 181,854        |
| 13  | <b>First 5 years.</b> If the Form 990 is for the this box and <b>stop here</b>  | -                        |                     |                      | •                  | . , . ,             | ization, check |
| _   | Section C. Computation of Public  |                          |                     |                      | <u> </u>           |                     |                |
|     | Public support percentage for 2021 (lin   |                          | _                   | column (f))          |                    | 14                  | 60.070 %       |
| 15  | Public support percentage for 2020 Sch  | nedule A, Part II,       | line 14             |                      |                    | 15                  | 64.490 %       |
| 16  | a <b>33</b> 1/3 <b>% support test—2021.</b> If the o  | organization did n       | ot check the box    | on line 13, and line | e 14 is 33 1/3% or | more, check this    |                |
| ı   | and <b>stop here.</b> The organization qualif <b>33</b> 1/3% <b>support test—2020.</b> If the                                 |                          |                     |                      |                    |                     |                |
| 17  | box and <b>stop here.</b> The organization a <b>10%-facts-and-circumstances test</b> and if the organization meets the "facts | <b>—2021.</b> If the org | ganization did not  | check a box on lin   | ie 13, 16a, or 16b | , and line 14 is 10 | % or more,     |
| ŀ   | meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes more, and if the organization meets the                | <b>t—2020.</b> If the o  | rganization did no  | t check a box on li  | ne 13, 16a, 16b, o | or 17a, and line 15 | 5 is 10% or    |
| 18  | meets the "facts-and-circumstances" t   | test. The organiza       | tion qualifies as a | publicly supported   | d organization     |                     | _              |
|     | instructions  |                          |                     |                      |                    |                     | ▶□             |
|     |   |                          |                     |                      |                    | Schedule A (I       | Form 990) 2021 |
|     |   |                          | 5 0                 |                      |                    |                     |                |
|     |   |                          | Page 3              |                      |                    |                     |                |
| Sch | nedule A (Form 990) 2021  |                          |                     |                      |                    |                     | Page <b>3</b>  |
|     | Part III Support Schedule for   |                          |                     |                      |                    |                     |                |
|     | (Complete only if you the organization fails t  |                          |                     |                      |                    |                     | er Part II. If |
|     | Section A. Public Support   | (-) 2017                 | (h) 2010            | (-) 2010             | (4) 2020           | (-) 2021            | (6) Tabal      |
| (o  | r fiscal year beginning in) 🕨   | (a) 2017                 | <b>(b)</b> 2018     | (c) 2019             | (d) 2020           | (e) 2021            | (f) Total      |
| 1   | Gifts, grants, contributions, and membership fees received. (Do not   |                          |                     |                      |                    |                     |                |
| _   | include any "unusual grants.") .  |                          |                     |                      |                    |                     |                |
| 2   | Gross receipts from admissions, merchandise sold or services  |                          |                     |                      |                    |                     |                |
|     | performed, or facilities furnished in   |                          |                     |                      |                    |                     |                |
|     | any activity that is related to the organization's tax-exempt purpose   |                          |                     |                      |                    |                     |                |
| 3   |   | •                        |                     |                      |                    |                     |                |
|     | under section 513   |                          |                     |                      |                    |                     |                |
| 4   | Tax revenues levied for the organization's benefit and either paid  |                          |                     |                      |                    |                     |                |

|  | to or expended on its bendir   | •  | 1   |  | Ī  | 1  |  |                |                               |
|--|--|--|---|--|--|--|--|----------------|-------------------------------|
| 5  | The value of services or facilities  |  |   |  |  |  |  |                |                               |
|  | furnished by a governmental unit to the organization without charge  |  |   |  |  |  |  |                |                               |
| 6  | <b>Total.</b> Add lines 1 through 5  |  |   |  |  |  |  |                |                               |
| 7a   | Amounts included on lines 1, 2, and  |  |   |  |  |  |  |                |                               |
|  | 3 received from disqualified persons   |  |   |  |  |  |  |                |                               |
| b  | Amounts included on lines 2 and 3 received from other than disqualified  |  |   |  |  |  |  |                |                               |
|  | persons that exceed the greater of   |  |   |  |  |  |  |                |                               |
|  | \$5,000 or 1% of the amount on line  |  |   |  |  |  |  |                |                               |
| _  | 13 for the year. Add lines 7a and 7b   |  |   |  |  | +  | +  |                |                               |
| 8  | Public support. (Subtract line 7c  |  |   |  |  |  |  |                |                               |
|  | from line 6.)  |  |   |  |  |  |  |                |                               |
|  | ection B. Total Support  |  | _   |  |  |  |  |                |                               |
|  | endar year   | (a) 2017   | <b>(b)</b> 2018   | (c) 2019   | (d) 2020   | (e) 2021   | (f)  | Total          |                               |
| (or '  | fiscal year beginning in)  Amounts from line 6   |  |   |  |  |  | +  |                |                               |
| 10a  | Gross income from interest,  |  |   |  |  |  |  |                |                               |
|  | dividends, payments received on  |  |   |  |  |  |  |                |                               |
|  | securities loans, rents, royalties and income from similar sources   |  |   |  |  |  |  |                |                               |
| b  | Unrelated business taxable income  |  |   |  |  |  |  |                |                               |
|  | (less section 511 taxes) from  |  |   |  |  |  |  |                |                               |
|  | businesses acquired after June 30, 1975.   |  |   |  |  |  |  |                |                               |
| С  | Add lines 10a and 10b.   |  |   |  |  |  |  |                |                               |
| 11   | Net income from unrelated business   |  |   |  |  |  |  |                |                               |
|  | activities not included on line 10b, whether or not the business is  |  |   |  |  |  |  |                |                               |
|  | regularly carried on.  |  |   |  |  |  |  |                |                               |
| 12   |  |  |   |  |  |  |  |                |                               |
|  | loss from the sale of capital assets (Explain in Part VI.)   |  |   |  |  |  |  |                |                               |
| 13   | <b>Total support.</b> (Add lines 9, 10c,   |  |   |  |  |  |  |                |                               |
|  | 11, and 12.) First 5 years. If the Form 990 is for 990 i    | a arganization's   | first second thi  | rd fourth or fifth   | + tay year as a seed   | tion F01(a)(2) and   | oniza  | tion of        | a o ol (                      |
| 14   |  | _  |   |  | •  |  |  |                |                               |
|  | this box and stop here   |  |   |  |  |  | • •  | !              |                               |
| 15   | Public support percentage for 2021 (lir  | ne 8. column (f) c   | divided by line 13  | column (f))  |  | 15   |  |                |                               |
| 13   |  |  | · ·   |  |  | ————   |  |                |                               |
| 16   | Public support percentage from 2020 S  | schedule A. Part I   | II. line 15   |  |  | 16   |  |                |                               |
| 16<br>Se   | Public support percentage from 2020 S  | -  |   |  |  | 16   |  |                |                               |
| Se   | ection D. Computation of Invest  | ment Income  | Percentage  |  |  | 1 1  |  |                |                               |
| Se<br>17   |  | ment Income<br>21 (line 10c, colu  | Percentage<br>mn (f) divided b  | y line 13, column  | (f))   | 17   |  |                |                               |
| 5e<br>17<br>18   | Investment income percentage for 20.  Investment income percentage from 2  | ment Income<br>21 (line 10c, colu<br>020 Schedule A,   | Percentage<br>mn (f) divided b<br>Part III, line 17   | y line 13, column  | (f))   | 17 18  | ne 17  | is not         |                               |
| 5e<br>17<br>18   | Investment income percentage for 202<br>Investment income percentage from 2<br>Investment income percentage from 2<br>33 1/3% support tests-2021. If the   | ment Income<br>21 (line 10c, colu<br>020 Schedule A,<br>organization did r   | Percentage<br>mn (f) divided b<br>Part III, line 17<br>not check the bo   | y line 13, column  | (f))   | 17<br>18<br>an 33 1/3%, and li   |  | _              |                               |
| 17<br>18<br>19a  | Investment income percentage for 20.  Investment income percentage from 2  | ment Income 21 (line 10c, colu 020 Schedule A, organization did r stop here. The   | Percentage<br>mn (f) divided b<br>Part III, line 17<br>not check the bo-<br>organization qua  | y line 13, column  | (f))   | 17<br>18<br>an 33 1/3%, and lii<br>zation  | !  | ightharpoons   | 18 is                         |
| 17<br>18<br>19a  | Investment income percentage for 202<br>Investment income percentage from 2<br>Investment income percentage from 2<br>33 1/3% support tests-2021. If the<br>more than 33 1/3%, check this box and  | ment Income 21 (line 10c, colu 020 Schedule A, organization did r stop here. The   | Percentage mn (f) divided b Part III, line 17 not check the bo organization qua not check a box   | y line 13, column  | (f))   | 17   18   an 33 1/3%, and lii zation s more than 33 1/3%   | <b>I</b><br>3% ar  | ightharpoons   | 18 is                         |
| 17<br>18<br>19a  | Investment income percentage for 202<br>Investment income percentage for 202<br>Investment income percentage from 2<br>33 1/3% support tests-2021. If the<br>more than 33 1/3%, check this box and<br>33 1/3% support tests—2020. If the<br>not more than 33 1/3%, check this box  | ment Income 21 (line 10c, colu 020 Schedule A, organization did r stop here. The organization did and stop here.   | Percentage mn (f) divided b Part III, line 17 not check the bo organization qua not check a box The organization  | y line 13, column  | (f))   | 17   18   18   19   19   19   19   19   19   | I<br>3% ar<br>I  | nd line        | 18 is                         |
| 17<br>18<br>19a  | Investment income percentage for 20: Investment income percentage from 2 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the   | ment Income 21 (line 10c, colu 020 Schedule A, organization did r stop here. The organization did and stop here.   | Percentage mn (f) divided b Part III, line 17 not check the bo organization qua not check a box The organization  | y line 13, column  | (f))   | 17 18 an 33 1/3%, and linguistion  | <br>3% ar<br>  | nd line        |                               |
| 17<br>18<br>19a  | Investment income percentage for 202<br>Investment income percentage for 202<br>Investment income percentage from 2<br>33 1/3% support tests-2021. If the<br>more than 33 1/3%, check this box and<br>33 1/3% support tests—2020. If the<br>not more than 33 1/3%, check this box  | ment Income 21 (line 10c, colu 020 Schedule A, organization did r stop here. The organization did and stop here.   | Percentage mn (f) divided b Part III, line 17 not check the bo organization qua not check a box The organization  | y line 13, column  | (f))   | 17   18   18   19   19   19   19   19   19   | <br>3% ar<br>  | nd line        |                               |
| 17<br>18<br>19a  | Investment income percentage for 202<br>Investment income percentage for 202<br>Investment income percentage from 2<br>33 1/3% support tests-2021. If the<br>more than 33 1/3%, check this box and<br>33 1/3% support tests—2020. If the<br>not more than 33 1/3%, check this box  | ment Income 21 (line 10c, colu 020 Schedule A, organization did r stop here. The organization did and stop here.   | Percentage mn (f) divided b Part III, line 17 not check the bo organization qua not check a box The organization a box on line 14,  | y line 13, column  | (f))   | 17 18 an 33 1/3%, and linguistion  | <br>3% ar<br>  | nd line        |                               |
| 17<br>18<br>19a  | Investment income percentage for 202<br>Investment income percentage for 202<br>Investment income percentage from 2<br>33 1/3% support tests-2021. If the<br>more than 33 1/3%, check this box and<br>33 1/3% support tests—2020. If the<br>not more than 33 1/3%, check this box  | ment Income 21 (line 10c, colu 020 Schedule A, organization did r stop here. The organization did and stop here.   | Percentage mn (f) divided b Part III, line 17 not check the bo organization qua not check a box The organization  | y line 13, column  | (f))   | 17 18 an 33 1/3%, and linguistion  | <br>3% ar<br>  | nd line        |                               |
| Se<br>17<br>18<br>19a<br>b   | Investment income percentage for 202. Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization  | ment Income 21 (line 10c, colu 020 Schedule A, organization did r stop here. The organization did and stop here.   | Percentage mn (f) divided b Part III, line 17 not check the bo organization qua not check a box The organization a box on line 14,  | y line 13, column  | (f))   | 17 18 an 33 1/3%, and linguistion  | <br>3% ar<br>  | nd line        |                               |
| Se<br>17<br>18<br>19a<br>b   | Investment income percentage for 202<br>Investment income percentage for 202<br>Investment income percentage from 2<br>33 1/3% support tests-2021. If the<br>more than 33 1/3%, check this box and<br>33 1/3% support tests—2020. If the<br>not more than 33 1/3%, check this box  | ment Income 21 (line 10c, colu 020 Schedule A, organization did r stop here. The organization did and stop here.   | Percentage mn (f) divided b Part III, line 17 not check the bo organization qua not check a box The organization a box on line 14,  | y line 13, column  | (f))   | 17 18 an 33 1/3%, and linguistion  | <br>3% ar<br>  | nd line        |                               |
| 5e<br>17<br>18<br>19a<br>b   | Investment income percentage for 202 Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2021  TV Supporting Organization   | ment Income 21 (line 10c, colu 020 Schedule A, organization did r stop here. The e organization did and stop here. on did not check a  | Percentage mn (f) divided b Part III, line 17 not check the boo organization qua not check a box The organization a box on line 14,   | y line 13, column  | (f))   | 17 18 an 33 1/3%, and linguistion  | <br>3% ar<br> <br> <br>(Form                                       | nd line        | <b>2021</b> dage <b>4</b>     |
| 5e<br>17<br>18<br>19a<br>b   | Investment income percentage for 202 Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2021  TV Supporting Organization (Complete only if you checked as  | ment Income 21 (line 10c, colu 020 Schedule A, organization did r stop here. The e organization did and stop here. on did not check a  | Percentage mn (f) divided b Part III, line 17 not check the box organization qua not check a box The organization a box on line 14,  Page 4   | y line 13, column  | (f))   | 17 18 an 33 1/3%, and linguation   |  | pu chec        | <b>2021</b> Page <b>4</b> ked |
| 5e<br>17<br>18<br>19a<br>b   | Investment income percentage for 202 Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2021  TV Supporting Organization   | ment Income 21 (line 10c, colu 020 Schedule A, organization did r stop here. The e organization did and stop here. on did not check a  | Percentage mn (f) divided b Part III, line 17 not check the bo organization qua not check a box The organization a box on line 14,  Page 4  | y line 13, column  | (f))   | 17 18 an 33 1/3%, and linguation   |  | pu chec        | <b>2021</b> Page <b>4</b> ked |
| 56<br>17<br>18<br>19a<br>b<br>20   | Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se   | ment Income 21 (line 10c, colu 020 Schedule A, organization did r stop here. The e organization did and stop here. on did not check a a box on line 12 c ctions A and C. If as A and D, and c  | Percentage mn (f) divided b Part III, line 17 not check the bo organization qua not check a box The organization a box on line 14,  Page 4  | y line 13, column  | (f))   | 17 18 an 33 1/3%, and linguation   |  | pu chec        | <b>2021</b> Page <b>4</b> ked |
| 56<br>17<br>18<br>19a<br>b<br>20   | Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Section  | ment Income 21 (line 10c, colu 020 Schedule A, organization did r stop here. The e organization did and stop here. on did not check a a box on line 12 c ctions A and C. If as A and D, and c  | Percentage mn (f) divided b Part III, line 17 not check the bo organization qua not check a box The organization a box on line 14,  Page 4  | y line 13, column  | (f))   | 17 18 an 33 1/3%, and linguation   |  | pu chec        | <b>2021</b> Page <b>4</b> ked |
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|                           | ·  | i            | •      | •             |
|---------------------------|--|--------------|--------|---------------|
| 4a                        | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.  | 4a           |        |               |
| b                         | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.   | 4b           |        |               |
| c                         | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.  | 4-           |        |               |
| 5a                        | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).  | 4c<br>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                         | <b>Substitutions only.</b> 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 section $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a $35\%$ controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form $990$ ).  | 7            |        |               |
| 8                         | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).  | 8            |        |               |
| 9a                        | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <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 <b>Part VI.</b>   | 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) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.  | 10a          |        |               |
|                           |  |              |        |               |
| b                         | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).   |              |        |               |
| b                         |  | 10b          | 1 990) | 2021          |
| b                         | the organization had excess business holdings).  Schedule A  | 10b          | n 990) | 2021          |
|                           | the organization had excess business holdings).  | 10b          | 1 990) | 2021          |
| _                         | the organization had excess business holdings).  Schedule A  Page 5  | 10b          |        |               |
| Sche                      | the organization had excess business holdings).  Schedule A  | 10b          |        | 2021          |
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| Schee                     | the organization had excess business holdings).  Schedule A  Page 5  dule A (Form 990) 2021  t IV Supporting Organizations (continued)   | 10b          | I      | Page <b>5</b> |
| Schee Par                 | the organization had excess business holdings).  Schedule A  Page 5  dule A (Form 990) 2021  TIV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the  | 10b<br>(Forn | I      | Page <b>5</b> |
| Schee Par 11 a b          | the organization had excess business holdings).  Schedule A  Page 5  dule A (Form 990) 2021  **TV** Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part*   | 10b<br>(Forn | I      | Page <b>5</b> |
| Schee Par 11 a b c        | the organization had excess business holdings).  Schedule A  Page 5  dule A (Form 990) 2021  TV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  | 10b<br>(Forn | I      | Page <b>5</b> |
| Schee Par 11 a b c        | the organization had excess business holdings).  Schedule A  Page 5  dule A (Form 990) 2021  **TV** Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part*   | 10b<br>(Forn | I      | Page <b>5</b> |
| Schee Par 11 a b c        | the organization had excess business holdings).  Schedule A  Page 5  dule A (Form 990) 2021  TV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  | 10b<br>(Form | Yes    | Page 5        |
| Schee Par  11 a b c See 1 | dule A (Form 990) 2021  **TIV** Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  **Section B. Type I Supporting Organizations**  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 10b<br>(Forn | Yes    | Page 5        |
| Scheen Par 11 a b c See   | dule A (Form 990) 2021  **TV** Supporting Organizations* (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  **Ection B. Type I Supporting Organizations**  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's personed directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised or controlled the supporting organization's for that the purposes of the supported organization's later of the supported organization's that operated, supervised or controlled the supporting organization's that operated | 10b<br>(Form | Yes    | Page 5        |
| Schee Par  11 a b c Se 1  | A family member of a person described on 11a above?  A 55% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Bit to B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," applied to such powers during the tax year? If any, applied to such powers during the tax year.  Did the organization had more than one supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization of the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  | 10b<br>(Forn | Yes    | Page 5        |
| Schee Par  11 a b c Se 1  | dule A (Form 990) 2021  **TV** Supporting Organizations* (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  **Ection B. Type I Supporting Organizations**  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's personed directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised or controlled the supporting organization's for that the purposes of the supported organization's later of the supported organization's that operated, supervised or controlled the supporting organization's that operated | 10b<br>(Forn | Yes    | No No         |
| Schee Par  11 a b c Se 1  | A family member of a person described on 11a above?  A 55% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Bit to B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," applied to such powers during the tax year? If any, applied to such powers during the tax year.  Did the organization had more than one supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization of the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  | 10b<br>(Forn | Yes    | Page 5        |

|   | supporting organization was vested in the same persons that controlled or managed t   | ne sup           | ported organization(s).               | 1        |                    |               |
|---|---|------------------|---------------------------------------|----------|--------------------|---------------|
| S   | ection D. All Type III Supporting Organizations   |                  |                                       |          |                    |               |
| 1   | Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided? | ng the<br>the or | prior tax year, (ii) a copy of the    | 1        | Yes                | No            |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported organization."   | No," e           | xplain in <b>Part VI</b> how the      | 2        |                    |               |
| 3   | By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported  | tion's           | ncome or assets at all times          | 3        |                    |               |
| S   | ection E. Type III Functionally-Integrated Supporting Organizations   |                  |                                       |          |                    |               |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Pa  | art Tes          | t during the year <b>(see instruc</b> | tions):  |                    |               |
|   | The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |                  |                                       |          |                    |               |
|   | <b>3</b> below.   |                  |                                       |          |                    |               |
| The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (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 supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |   |                  |                                       |          |                    |               |
| <ul> <li>b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</li> </ul>   |   |                  |                                       |          |                    |               |
| 3   | Parent of Supported Organizations. Answer lines 3a and 3b below.  |                  |                                       | 2b       |                    |               |
| ;   | a Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in <b>Part VI.</b>   | icers, o         | lirectors, or trustees of each of     | 3a       |                    |               |
| ı   | Did the organization exercise a substantial degree of direction over the policies, progr  |                  |                                       |          |                    |               |
|   | supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organizations   | ation ii         |                                       | 3b       |                    |               |
|   | Page 6  |                  | Schedule A                            | 1 (Forn  | n 990)             | 2021          |
|   | rage 0  |                  |                                       |          |                    |               |
| Sche  | dule A (Form 990) 2021  |                  |                                       |          | F                  | Page <b>6</b> |
| Pa  | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O  | rgan             | zations                               |          |                    |               |
| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization  |                  |                                       |          | e                  |               |
|   | Section A - Adjusted Net Income   | 1110115          | (A) Prior Year                        | (B) Curi | rent Yea           | ır            |
|   | •   |                  |                                       | (opti    | ional)             |               |
|   | Net short-term capital gain   | 1                |                                       |          |                    |               |
|   | Recoveries of prior-year distributions  | 3                |                                       |          |                    |               |
| <u>3</u><br>4   | Other gross income (see instructions)  Add lines 1 through 3  | 4                |                                       |          |                    |               |
|   | Depreciation and depletion  | 5                |                                       | ,        |                    |               |
| 6   | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  | 6                |                                       |          |                    |               |
| 7   | Other expenses (see instructions)   | 7                |                                       |          |                    |               |
| 8   | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)   | 8                |                                       |          |                    |               |
|   | Section B - Minimum Asset Amount  |                  | (A) Prior Year                        |          | rent Yea<br>ional) | ır            |
| 1   | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):   | 1                |                                       |          |                    |               |
|   | Average monthly value of securities   | 1a               |                                       |          |                    |               |
|   | Average monthly cash balances   | 1b               |                                       |          |                    |               |
|   | Fair market value of other non-exempt-use assets  | 1c               |                                       |          |                    |               |
| (   | d Total (add lines 1a, 1b, and 1c)  | 1d               |                                       |          |                    |               |
|   |   |                  |                                       |          |                    |               |

|            |  |   |                  |                                     |         | i   |
|------------|--|---|------------------|-------------------------------------|---------|---|
| 2          | Acquisition indebtedness applicable to non-exempt use  | e assets                                | 2                |                                     |         |   |
| 3          | Subtract line 2 from line 1d   |   | 3                |                                     |         |   |
| 4          | Cash deemed held for exempt use. Enter 0.015 of line instructions).  | 3 (for greater amount, see              | 4                |                                     |         |   |
| 5          | Net value of non-exempt-use assets (subtract line 4 fr   | om line 3)                              | 5                |                                     |         |   |
| 6          | 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, lin  | ie 8, Column A)                         | 1                |                                     |         |   |
| 2          | Enter 85% of line 1  | <u> </u>                                | 2                |                                     |         |   |
| 3          | Minimum asset amount for prior year (from Section B,   | line 8, Column A)                       | 3                |                                     |         |   |
| 4          | Enter greater of line 2 or line 3  |   | 4                |                                     |         |   |
| 5          | Income tax imposed in prior year   |   | 5                |                                     |         |   |
| 6          | <b>Distributable Amount.</b> Subtract line 5 from line 4, u temporary reduction (see instructions)                           | nless subject to emergency              | 6                |                                     |         |   |
| 7          | Check here if the current year is the organizatio instructions)  | n's first as a non-functionally-ir      | ntegrat          | ed Type III supp                    | oorting | organization (see                         |
|            |  |   |                  |                                     | Sc      | hedule A (Form 990) 2021                  |
|            |  | Page 7                                  |                  |                                     |         |   |
|            |  |   |                  |                                     |         |   |
| Sched      | dule A (Form 990) 2021   |   |                  |                                     |         | Page <b>7</b>                             |
| Pai        | rt V Type III Non-Functionally Integrated  | 509(a)(3) Supporting C                  | rgani            | izations (cor                       | tinued  | )   |
| Sec        | tion D - Distributions   |   |                  |                                     |         | Current Year                              |
| 1          | Amounts paid to supported organizations to accomplish  | evemnt nurnoses                         |                  |                                     | 1       |   |
| 2          | Amounts paid to perform activity that directly furthers $\epsilon$   |   | organiz          | ations, in                          | 2       |   |
|            | excess of income from activity  Administrative expenses paid to accomplish exempt pur  | noses of supported organization         | ne               |                                     | 3       |   |
|            |  | poses of supported organization         | 113              |                                     |         |   |
| 4          | Amounts paid to acquire exempt-use assets  |   |                  |                                     | 4       |   |
| 5          | Qualified set-aside amounts (prior IRS approval required   | d - provide details in <b>Part VI</b> ) |                  |                                     | 5       |   |
| 6          | Other distributions (describe in <b>Part VI</b> ). See instruction   | ns                                      |                  |                                     | 6       |   |
| 7 1        | <b>Total annual distributions.</b> Add lines 1 through 6.  |   |                  |                                     | 7       |   |
| 8          | Distributions to attentive supported organizations to wh<br>details in <b>Part VI</b> ). See instructions                    | ich the organization is responsi        | ive ( <i>pro</i> | ovide                               | 8       |   |
|            | Distributable amount for 2021 from Section C, line 6   |   |                  |                                     | 9       |   |
| 10         | ine 8 amount divided by Line 9 amount  |   |                  |                                     | 10      |   |
|            | Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions             | Une              | (ii)<br>derdistributior<br>Pre-2021 |         | (iii)<br>Distributable<br>Amount for 2021 |
| 1 [        | Distributable amount for 2021 from Section C, line 6   |   |                  |                                     |         |   |
| (          | Inderdistributions, if any, for years prior to 2021 reasonable cause required explain in <b>Part VI</b> ). see instructions. |   |                  |                                     |         |   |
| <b>3</b> E | excess distributions carryover, if any, to 2021:   |   |                  |                                     |         |   |
|            | From 2016  |   |                  |                                     |         |   |
|            | From 2017  |   |                  |                                     |         |   |
|            | From 2018  |   |                  |                                     |         |   |
|            | From 2020  |   |                  |                                     |         |   |
|            | <b>Total</b> of lines 3a through e   |   |                  |                                     |         |   |
| g          | Applied to underdistributions of prior years   |   |                  |                                     |         |   |
|            | Applied to 2021 distributable amount   |   |                  |                                     |         |   |
|            | Carryover from 2016 not applied (see instructions)   |   |                  |                                     |         |   |
|            | emainder. Subtract lines 3g, 3h, and 3i from line 3f.  |   |                  |                                     |         | _   |
|            | stributions for 2021 from Section D, line 7:   |   |                  |                                     |         |   |
| 9          |  |   |                  |                                     |         |   |
|            | Applied to underdistributions of prior years   |   |                  |                                     |         |   |
| h.         | Applied to 2021 distributable amount   |   |                  |                                     |         |   |

| Part VI            |  | a, 6, 9a, 9b, 9c, 11a, 11b, IV, Section E, lines 1c, 2a,                               | and 11c; Part IV, Section B, I<br>2b, 3a and 3b; Part V, line 1;<br>I 6. Also complete this part fo                  | ne 17a or 17b; Part III, line 12; Part IV,<br>ines 1 and 2; Part IV, Section C, line 1;<br>Part V, Section B, line 1e; Part V  |
|--------------------|--|--|--|--|
| Part VI            | Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a<br>Part IV, Section D, lines 2 and 3; Part I<br>Section D, lines 5, 6, and 8; and Part V<br>instructions). | a, 6, 9a, 9b, 9c, 11a, 11b, IV, Section E, lines 1c, 2a, V, Section E, lines 2, 5, and | and 11c; Part IV, Section B, I<br>2b, 3a and 3b; Part V, line 1;<br>I 6. Also complete this part for<br>stances Test | ne 17a or 17b; Part III, line 12; Part IV,<br>ines 1 and 2; Part IV, Section C, line 1;<br>Part V, Section B, line 1e; Part V<br>or any additional information. (See |
|                    | Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a<br>Part IV, Section D, lines 2 and 3; Part I<br>Section D, lines 5, 6, and 8; and Part \                   | a, 6, 9a, 9b, 9c, 11a, 11b, IV, Section E, lines 1c, 2a, V, Section E, lines 2, 5, and | and 11c; Part IV, Section B, I<br>2b, 3a and 3b; Part V, line 1;<br>I 6. Also complete this part fo                  | ne 17a or 17b; Part III, line 12; Part IV,<br>ines 1 and 2; Part IV, Section C, line 1;<br>Part V, Section B, line 1e; Part V  |
|                    | Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a<br>Part IV, Section D, lines 2 and 3; Part I<br>Section D, lines 5, 6, and 8; and Part \                   | a, 6, 9a, 9b, 9c, 11a, 11b, IV, Section E, lines 1c, 2a, V, Section E, lines 2, 5, and | and 11c; Part IV, Section B, I<br>2b, 3a and 3b; Part V, line 1;<br>I 6. Also complete this part fo                  | ne 17a or 17b; Part III, line 12; Part IV,<br>ines 1 and 2; Part IV, Section C, line 1;<br>Part V, Section B, line 1e; Part V  |
|                    | Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a<br>Part IV, Section D, lines 2 and 3; Part I<br>Section D, lines 5, 6, and 8; and Part \                   | a, 6, 9a, 9b, 9c, 11a, 11b, IV, Section E, lines 1c, 2a,                               | and 11c; Part IV, Section B, I<br>2b, 3a and 3b; Part V, line 1;   | ne 17a or 17b; Part III, line 12; Part IV,<br>ines 1 and 2; Part IV, Section C, line 1;<br>Part V, Section B, line 1e; Part V  |
|                    | Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a  | a, 6, 9a, 9b, 9c, 11a, 11b,  | and 11c; Part IV, Section B, I   | ne 17a or 17b; Part III, line 12; Part IV, ines 1 and 2; Part IV, Section C, line 1;   |
| Schedule A         |  |  |  | rage <b>G</b>  |
|                    | (Form 990) 2021  | Page 8   |  | Schedule A (Form 990) (2021)  Page 8   |
| <b>e</b> Excess    | s from 2021  |  |  |  |
| <b>d</b> Exces     | s from 2020  |  |  |  |
|                    | s from 2019  |  |  |  |
|                    | s from 2017  |  |  |  |
|                    | own of line 7:   |  |  |  |
| 7 Excess<br>3j and | <b>distributions carryover to 2022.</b> Add 4c.  | lines  |  |  |
| lines 3            | ing underdistributions for 2021. Subtract<br>h and 4b from line 1. If the amount is gr<br>ero, explain in <b>Part VI</b> . See instructions.         | eater  |  |  |
|                    | if any. Subtract lines 3g and 4a from line<br>amount is greater than zero, explain in <b>P</b><br>structions.  | Part VI.   |  |  |
| 2021,<br>If the    | ing underdistributions for years prior to  |  |  |  |

Software ID: Software Version:

### efile Public Visual Render ObjectId: 202241369349310574 - Submission: 2022-05-16 TIN: 27-2375394 OMB No. 1545-0047 Schedule B Schedule of Contributors (Form 990) ► Attach to Form 990, 990-EZ, or 990-PF. 2021 Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization OPEN STREET MAP US INC 27-2375394 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization □ 501(c)(3) exempt private foundation Form 990-PF ↓ 4947(a)(1) nonexempt charitable trust treated as a private foundation. 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Page 2

Schedule B (Form 990) (2021)

for Form 990, 990-EZ, or 990-PF.

For Paperwork Reduction Act Notice, see the Instructions

Page 2

Schedule B (Form 990) (2021)

Cat. No. 30613X

| Part I<br>Contributor | Contributors (see instructions). Use duplicate copies of Part I if additionars                      | al space is needed.                  |   |
|-----------------------|---|--------------------------------------|---|
| (a)<br>No.            | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions           | (d)<br>Type of contribution                   |
| RESTRICTED            |   |                                      | Person  |
| 1201110122            |   | A DESTRUCTED                         | Payroll                                       |
|                       |   | \$ RESTRICTED                        | Noncash                                       |
|                       | ,   |                                      | (Complete Part II for noncash contributions.) |
| (a)<br>No.            | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions           | (d)<br>Type of contribution                   |
|                       |   |                                      | Person  |
| -                     |   |                                      | Payroll                                       |
|                       |   |                                      | Noncash                                       |
|                       |   |                                      | (Complete Part II for noncash contributions.) |
| (a)<br>No.            | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions           | (d)<br>Type of contribution                   |
|                       |   |                                      | Person  |
| -                     |   | <u> </u>                             | Payroll                                       |
|                       |   | \$                                   | Noncash                                       |
|                       |   |                                      | (Complete Part II for noncash contributions.) |
| (a)<br>No.            | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions           | (d)<br>Type of contribution                   |
|                       |   |                                      | Person  |
| -                     |   |                                      | Payroll                                       |
|                       |   | \$                                   | Noncash                                       |
|                       |   |                                      | (Complete Part II for noncash contributions.) |
| (a)<br>No.            | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions           | (d)<br>Type of contribution                   |
|                       |   |                                      | Person  |
| -                     |   |                                      | Payroll                                       |
|                       |   | \$                                   | Noncash                                       |
|                       |   |                                      | (Complete Part II for noncash contributions.) |
| (a)<br>No.            | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions           | (d)<br>Type of contribution                   |
|                       |   |                                      | Person  |
| •                     |   |                                      | Payroll                                       |
|                       |   | \$                                   | Noncash                                       |
|                       |   |                                      | (Complete Part II for noncash contributions.) |
|                       |   |                                      | Schedule B (Form 990) (2021                   |
|                       | Page 3  |                                      |   |
|                       | 3 (Form 990) (2021)   |                                      | Page :  |
| Name of org           | janization<br>ET MAP US INC   | Employer identification              | on number                                     |
| Part II               | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | 27-2375394                           |   |
| (a)                   | (b)   | (c)                                  | (d)   |
| No. from<br>Part I    | Description of noncash property given   | FMV (or estimate) (See instructions) | Date received                                 |

| _                         |  |   |             | \$   |   |
|---------------------------|--|---|-------------|--|---|
| (a)<br>No. from<br>Part I | (b) Description of noncash pr  | operty given  | FMV (       | (c)<br>or estimate)<br>instructions)                           | (d)<br>Date received                            |
| (a)<br>No. from<br>Part I | (b) Description of noncash pr  | operty given  |             | (c) or estimate) instructions)                                 | (d)<br>Date received                            |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash pr   | operty given  |             | (c) or estimate) instructions)                                 | (d)<br>Date received                            |
| (a)<br>No. from<br>Part I | from Description of pages b property given   |   |             | (c) or estimate) instructions)                                 | (d)<br>Date received                            |
| (a)<br>No. from<br>Part I | (b) Description of noncash property given  (c) FMV (or estimation (See instruction (See ins |   |             | (d)<br>Date received   |   |
| -                         |  |   |             | \$   | Schedule B (Form 990) (2021)                    |
|                           | B (Form 990) (2021)  | Page 4  |             | Familian idea  | Page 4  |
|                           | EXClusively religious, charitable, etc., contril than \$1,000 for the year from any one contril organizations completing Part III, enter the tyear. (Enter this information once. See instruuse duplicate copies of Part III if additional space.)   | outor. Complete columns (a) otal of exclusively religious, actions.) \$ | through (e) | 27-2375394<br>ction <b>501(c)(7)</b> , (8<br>and the following | ), or (10) that total more<br>I line entry. For |
| (a)<br>No. from<br>Part I |  | (c) Use of gift   |             | (d) Descrip  | tion of how gift is held                        |
| -<br>-<br>-               | Transferee's name, address, and ZII  | (e) Transfer of gift  |             | p of transferor to   | transferee                                      |
| (a)<br>No. from<br>Part I | (b) Purpose of gift  | (c) Use of gift   |             | (d) Descrip  | tion of how gift is held                        |
| -<br> -                   | Transferee's name, address, and ZII  | (e) Transfer of gift  | Relationshi | p of transferor to   | transferee                                      |
| (a)<br>No from            | (h) Purpose of gift  | (c) Use of aift   |             | (d) Descrin  | tion of how aift is held                        |

| Transferee's name, address, and | ZIP 4               | ) Transfer of gift<br>Relationshi                          | p of transferor to transferee   |
|---------------------------------|---------------------|--|---|
|                                 |                     |  |   |
| (b) Purpose of gift             |                     | (c) Use of gift  | (d) Description of how gift is held   |
|                                 |                     | N.T. and a site  |   |
| Transferee's name, address, and |                     |  | p of transferor to transferee   |
|                                 |                     |  | Schedule B (Form 990) (2021)  |
|                                 | (b) Purpose of gift | Transferee's name, address, and ZIP 4  (b) Purpose of gift | Transferee's name, address, and ZIP 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift |

**Additional Data** 

**Return to Form** 

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202241369349310574 - Submission: 2022-05-16

TIN: 27-2375394

**SCHEDULE D** 

Department of the Treasury

Internal Revenue Service

(Form 990)

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

**Open to Public Inspection** 

| PEN STREET MAP US INC   |                       |                                       | Employe            | er identification number             |
|---|-----------------------|---------------------------------------|--------------------|--------------------------------------|
|   |                       |                                       | 27-2375            |                                      |
| Part I Organizations Maintaining Donor Advi   |                       |                                       | ds or Accour       | nts.                                 |
| Complete if the organization answered "Ye   |                       | r advised funds                       | (h)                | Funds and other accounts             |
| Total number at end of year   | (4) 50110             | davised fullus                        | (5)                | Tunus una otner accounts             |
| Aggregate value of contributions to (during year)   |                       |                                       |                    |                                      |
| Aggregate value of grants from (during year)  |                       |                                       |                    |                                      |
|   |                       |                                       |                    |                                      |
| Aggregate value at end of year  |                       |                                       |                    |                                      |
| Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex  Did the organization inform all grantees, donors, and do | clusive legal contro  | ?                                     |                    | ☐ Yes ☐                              |
| Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?  | or donor advisor, o   | r for any other purpo                 | ose conferring i   |                                      |
| Part II Conservation Easements.  Complete if the organization answered "Ye  | s" on Form 990.       | Part IV, line 7.                      |                    |                                      |
| Purpose(s) of conservation easements held by the organ  |                       | · · · · · · · · · · · · · · · · · · · |                    |                                      |
| Preservation of land for public use (e.g., recreation   | •                     |                                       | of an historically | / important land area                |
|   | . J. Caacation,       |                                       | •                  |                                      |
| Protection of natural habitat   |                       | Preservation (                        | of a certified his | conc structure                       |
| <ul> <li>Preservation of open space</li> <li>Complete lines 2a through 2d if the organization held a</li> </ul>   |                       |                                       |                    |                                      |
| Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.   | qualified conservat   | on contribution in th                 |                    | servation  eld at the End of the Yea |
| Total number of conservation easements  |                       |                                       | 2a                 | Cia at the zha or the rea            |
| Total acreage restricted by conservation easements  |                       |                                       |                    |                                      |
| Number of conservation easements on a certified histori   |                       |                                       | 2c                 |                                      |
| Number of conservation easements included in (c) acqui  |                       | • ,                                   | <b></b>            |                                      |
| structure listed in the National Register  Number of conservation easements modified, transferre  | od released exting    | ushed or terminated                   | t by the organiz   | zation during the                    |
| Number of conservation easements modified, transferre tax year  | a, released, exting   | isined, or terminated                 | a by the organiz   | dulon during the                     |
| Number of states where property subject to conservation   | on easement is locat  | ed <b>&gt;</b>                        |                    |                                      |
| Does the organization have a written policy regarding the   |                       |                                       | ling of violation  | S,                                   |
| and enforcement of the conservation easements it holds  | s?                    |                                       |                    | ☐ Yes ☐ No                           |
| Staff and volunteer hours devoted to monitoring, inspect  | cting, handling of vi | olations, and enforci                 | ng conservation    | easements during the year            |
| Amount of expenses incurred in monitoring, inspecting,  \$\blue\$\$   | handling of violation | ns, and enforcing co                  | nservation ease    | ements during the year               |
| Does each conservation easement reported on line 2(d)   | ahove satisfy the r   | equirements of soction                | on 170(h)(4)(¤     | )(i)                                 |
| and section 170(h)(4)(B)(ii)?   |                       |                                       |                    | Yes No                               |
| In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the   | footnote to the org   |                                       |                    |                                      |
| the organization's accounting for conservation easemen  art III Organizations Maintaining Collections Complete if the organization answered "Ye                             | of Art, Historic      |                                       | Other Simila       | ar Assets.                           |
| a If the organization elected, as permitted under FASB AS   |                       | · · · · · · · · · · · · · · · · · · · | ment and hala      | nce sheet works of art               |
| historical treasures, or other similar assets held for pub<br>Part XIII, the text of the footnote to its financial statem   | lic exhibition, educa | tion, or research in f                |                    |                                      |
| b If the organization elected, as permitted under FASB AS<br>historical treasures, or other similar assets held for pub<br>following amounts relating to these items:       |                       |                                       |                    |                                      |
| (i) Revenue included on Form 990, Part VIII, line 1   |                       |                                       |                    | \$                                   |
| (ii) Assets included in Form 990, Part X  |                       |                                       |                    |                                      |
| If the organization received or held works of art, histori following amounts required to be reported under FASB A   | cal treasures, or otl | ner similar assets for                |                    |                                      |
| a Revenue included on Form 990, Part VIII, line 1   |                       |                                       |                    | \$                                   |
|   |                       |                                       |                    | ·                                    |

Schedule D (Form 990) 2021
Page 2

| Par        | t III            | Organizations M                                       | aintaining Col                             | lections o               | of Art, H               | istori          | cal Tr            | easu               | res, or              | Other            | Similar <i>F</i> | Assets (co   | ntinued)                                      |          |
|------------|------------------|---|--|--------------------------|-------------------------|-----------------|-------------------|--------------------|----------------------|------------------|------------------|--------------|---|----------|
| 3          |                  | the organization's acq<br>(check all that apply):     |  | , and other              | records,                | check a         | ny of             | the fol            | lowing t             | hat are a        | significant      | use of its o | collection                                    |          |
| а          |                  | Public exhibition                                     |  |                          |                         | d               |                   | Loan               | or excha             | ange prog        | ırams            |              |   |          |
| b          |                  | Scholarly research                                    |  |                          |                         | е               |                   | Other              | · <b>_</b>           |                  |                  |              |   |          |
| C          |                  | Preservation for future                               | e generations                              |                          |                         |                 |                   |                    |                      |                  |                  |              |   |          |
| 4          | Provid<br>Part > | de a description of the KIII.                         | organization's coll                        | ections and              | l explain h             | ow the          | y furth           | er the             | organiz              | ation's ex       | kempt purp       | ose in       |   |          |
| 5          | Durin<br>asset   | g the year, did the orga<br>s to be sold to raise fur | anization solicit or<br>nds rather than to | receive do<br>be maintai | nations of<br>ned as pa | art, his        | storica<br>e orga | l treas<br>nizatio | ures or<br>n's colle | other simection? | ilar<br>·        | ☐ Yes        |   | lo       |
| Pa         | rt IV            | Escrow and Cust<br>Complete if the or<br>line 21.     |  |                          | " on Forr               | n 990,          | Part              | IV, lin            | ie 9, or             | reporte          | d an amo         | unt on Fo    | m 990,  | Part X,  |
| 1a         |                  | e organization an agent<br>led on Form 990, Part I    |  |                          |                         |                 |                   |                    |                      |                  |                  | ☐ Yes        |   | lo       |
| ь          | If "Ye           | es," explain the arrange                              | ement in Part XIII                         | and comple               | ete the fol             | lowing          | table:            |                    |                      |                  |                  | Amount       |   | _        |
| c          | Begin            | ning balance  |  |                          |                         |                 |                   |                    | 1                    | 1c               |                  |              |   |          |
| d          | Addit            | ions during the year .                                |  |                          |                         |                 |                   |                    | [                    | 1d               |                  |              |   |          |
| е          | Distri           | butions during the yea                                | r  |                          |                         |                 |                   |                    | . [                  | 1e               |                  |              |   |          |
| f          | Endin            | g balance   |  |                          |                         |                 |                   |                    |                      | 1f               |                  |              |   |          |
| 2a         | Did th           | ne organization include                               | an amount on Fo                            | rm 990, Par              | t X, line 2             | 21, for 6       | escrow            | or cus             | stodial a            | ccount lia       | ability?         | . 🗆 Yes      |   | lo       |
| b          | If "Ye           | s," explain the arrange                               | ement in Part XIII.                        | Check here               | e if the ex             | planatio        | on has            | been               | provided             | in Part )        | KIII             | . $\square$  |   |          |
| Pa         | art V            | Endowment Fun   |  |                          |                         |                 |                   |                    |                      |                  |                  |              |   |          |
|            |                  | Complete if the or                                    | ganization answ                            | ered "Yes" (a) Currer    |                         |                 | Part<br>rior yea  |                    |                      | anua baak        | (d) Three y      | anna haak 1  | e) Four yea                                   | wa baak  |
| 1a         | Beginn           | ing of year balance .                                 |  | (a) Currer               | it year                 | ( <b>D</b> ) PI | ior yea           |                    | c) Iwo y             | ears back        | (a) Three y      | ears back (  | e) rour yea                                   | ITS DACK |
|            | _                | outions   |  |                          |                         |                 |                   |                    |                      |                  |                  |              |   |          |
|            |                  | restment earnings, gair                               | ns. and losses                             |                          |                         |                 |                   |                    |                      |                  |                  |              |   |          |
|            |                  | or scholarships                                       |  |                          |                         |                 |                   |                    |                      |                  |                  |              |   |          |
| е          |                  | expenditures for facilition                           | es   |                          |                         |                 |                   |                    |                      |                  |                  |              |   |          |
| f          | Admini           | strative expenses .                                   |  |                          |                         |                 |                   |                    |                      |                  |                  |              |   |          |
| g          | End of           | year balance  |  |                          |                         |                 |                   |                    |                      |                  |                  |              |   |          |
| 2<br>a     |                  | de the estimated perce<br>I designated or quasi-e     |  | ent year end             | l balance               | (line 1g        | ı, colur          | mn (a)             | ) held a             | s:               |                  |              |   |          |
| b          | Perma            | anent endowment 🕨                                     |  |                          |                         |                 |                   |                    |                      |                  |                  |              |   |          |
| c          | Term             | endowment 🕨   |  |                          |                         |                 |                   |                    |                      |                  |                  |              |   |          |
| 3a         | •                | ercentages on lines 2a<br>nere endowment funds        | , 2b, and 2c shou                          | •                        |                         | on that         | aro h             | old and            | d admini             | stored fo        | r tho            |              |   |          |
| <b>_</b> u |                  | nization by:  | the posses                                 | 5.511 OF THE             | -, gamzati              | J., C.IGC       | . u. c 110        | LIG UIIC           |                      | Stered 10        |                  | _            | Yes   | No       |
|            | ` '              | nrelated organizations                                |  |                          |                         |                 |                   |                    |                      |                  |                  | 3a(          |   |          |
| Į.         | • •              | elated organizations                                  |  | c licted ==              | · ·                     | n Cob.          | · ·               |                    |                      |                  |                  | . 3a(        | -   |          |
| ь<br>4     |                  | s" on 3a(ii), are the re<br>ibe in Part XIII the into | •  |                          | •                       |                 |                   | •                  |                      |                  |                  | . 31         | <u>'                                     </u> | <u> </u> |
|            | rt VI            | Land, Buildings,                                      |  |                          | J CHUON                 |                 |                   |                    |                      |                  |                  |              |   |          |
| - 61       |                  | Complete if the or                                    |  |                          | " on Forr               | n 990,          | Part              | IV, lin            | e 11a.               | See For          | m 990, Pa        | art X, line  | 10.   |          |
|            | Descri           | ption of property                                     | (a) Cost or oth<br>(investme               |                          | <b>(b)</b> Cost (       | or other        | basis (d          | other)             | <b>(c)</b> Acc       | umulated o       | depreciation     | (d)          | Book value                                    | e        |
| 1a         | Land             |   |  |                          |                         |                 |                   |                    |                      |                  |                  |              |   |          |
| b          | Buildin          | gs  |  |                          |                         |                 |                   |                    |                      |                  |                  |              |   |          |
|            |                  | old improvements                                      |  |                          |                         |                 |                   |                    |                      |                  |                  |              |   |          |
|            |                  | nent  |  |                          |                         |                 |                   |                    |                      |                  |                  |              |   | -        |
| е          | Other            |   |  |                          |                         |                 |                   | 6,051              |                      |                  | 5,233            |              |   | 818      |
| r~+·       | - Add            | lines 1a through 1e //                                | Column (d) must a                          | aual Form                | 000 Part                | Y colu          | mn (P)            | line               | 10(c) )              |                  | <b>.</b>         | 1            |   | 010      |

|                  | Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security) | (b)<br>Book<br>value | Cos              | (c) Method of voter or end-of-year | aluation:                                 |
|------------------|---|----------------------|------------------|------------------------------------|---|
| (1) Financial    | derivatives   |                      |                  |                                    |   |
|                  | neld equity interests   |                      |                  |                                    |   |
| <b>(3)</b> Other |   |                      |                  |                                    |   |
| (A)              |   |                      |                  |                                    |   |
| (B)              |   |                      |                  |                                    |   |
| (C)              |   |                      |                  |                                    |   |
| (D)              |   |                      |                  |                                    |   |
| (E)              |   |                      |                  |                                    |   |
| (F)              |   |                      |                  |                                    |   |
| (G)              |   |                      |                  |                                    |   |
| (H)              |   |                      |                  |                                    |   |
| Total. (Column   |   | •                    |                  |                                    |   |
| Part VIII        | <b>Investments - Program Related.</b> Complete if the organization answered 'Yes' on Form 990, I                              | Part IV,             | line 11c. See Fo | orm 990, Part X                    | , line 13.                                |
| <del>-</del>     | (a) Description of investment   | ,                    | (b) Book value   | (c) Met                            | nod of valuation:<br>of-year market value |
| (1)              |   |                      |                  | 0001 01 0110                       | or your market raide                      |
| (2)              |   |                      |                  |                                    |   |
| (3)              |   |                      |                  |                                    |   |
| (4)              |   |                      |                  |                                    |   |
| (5)              |   |                      |                  |                                    |   |
| (6)              |   |                      |                  |                                    |   |
| (7)              |   |                      |                  |                                    |   |
| (8)              |   |                      |                  |                                    |   |
| (9)              |   |                      |                  |                                    |   |
| Total. (Column   | n (b) must equal Form 990, Part X, col.(B) line 13.)  | •                    |                  |                                    |   |
|                  | Other Assets. Complete if the organization answered 'Yes' on Form 990, P  | eart IV/ I           | ing 11d Soc Fo   | rm 000 Part V                      | lino 15                                   |
|                  | (a) Description   | ait IV, i            | ine 11u. See Fo  | IIII 990, Pait A                   | (b) Book value                            |
| (1)              |   |                      |                  |                                    |   |
| (2)              |   |                      |                  |                                    |   |
| (3)              |   |                      |                  |                                    |   |
| (4)              |   |                      |                  |                                    |   |
| (5)              |   |                      |                  |                                    |   |
| (6)              |   |                      |                  |                                    |   |
| (7)              |   |                      |                  |                                    |   |
| (8)              |   |                      |                  |                                    |   |
| (9)              |   |                      |                  |                                    |   |
|                  | mn (b) must equal Form 990, Part X, col.(B) line 15.)   |                      |                  |                                    |   |
| Total. (Colur    |   |                      |                  |                                    |   |
| Part X           | Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P   | lowt TV / I          | ino 11 1150      | 'aa Farra 000 '                    | Onet V III - 25                           |

| -,·    |  |           |                             |
|--------|--|-----------|-----------------------------|
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|        |  |           |                             |
| _      |  |           |                             |
|        |  |           |                             |
|        |  |           |                             |
| al     | . (Column (b) must equal Form 990, Part X, col.(B) line 25.)   | •         |                             |
| Lia    | ability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial sta  | atement   | s that reports the          |
| aı     | nization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has  |           |                             |
|        |  | Sche      | lule D (Form 990) 2021      |
|        |  |           |                             |
|        | Page 4 ———————————————————————————————————   |           |                             |
| ne     | dule D (Form 990) 2021   |           | Page <b>4</b>               |
|        | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R  | leturn    |                             |
|        | Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  |           |                             |
|        | Total revenue, gains, and other support per audited financial statements   | 1         |                             |
|        | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |           |                             |
| 3      | Net unrealized gains (losses) on investments 2a  |           |                             |
| b      | Donated services and use of facilities   |           |                             |
| 2      | Recoveries of prior year grants  |           |                             |
| t      | Other (Describe in Part XIII.) 2d  |           |                             |
| 9      | Add lines <b>2a</b> through <b>2d</b>  | 2e        |                             |
|        | Subtract line <b>2e</b> from line <b>1</b>   | 3         |                             |
|        | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |           |                             |
| 3      | 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        |                             |
|        | Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)  | 5         |                             |
| ar     | t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per  | Retur     | n.                          |
|        | Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  | 1         |                             |
|        | Amounts included on line 1 but not on Form 990, Part IX, line 25:  | -         |                             |
| а      | Donated services and use of facilities   |           |                             |
| -<br>b | Prior year adjustments   | -         |                             |
| -      | Other losses   |           |                             |
| d      | Other (Describe in Part XIII.)   | -         |                             |
| 2      | Add lines 2a through 2d  | 2e        |                             |
|        | Subtract line <b>2e</b> from line <b>1</b>   | 3         |                             |
|        | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |           |                             |
| 3      | Investment expenses not included on Form 990, Part VIII, line 7b 4a  |           |                             |
| b      | Other (Describe in Part XIII.)   | 1         |                             |
| 2      | Add lines <b>4a</b> and <b>4b</b>  | 4c        |                             |
|        | Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)   | 5         | _                           |
|        | t XIII Supplemental Information  |           |                             |
| ıaı    | ••   |           |                             |
|        | vide the descriptions required for Part II, lines 3. 5. and 9: Part III, lines $1a$ and $4$ : Part IV. lines $1b$ and $2b$ : Par   | t V. line | 4; Part X, line 2: Part XI  |
| ro     | vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par<br>s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. | t V, line | 4; Part X, line 2; Part XI, |

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TIN: 27-2375394 OMB No. 1545-0047

**SCHEDULE 0** (Form 990)

**Supplemental Information to Form 990 or 990-EZ** 

Department of the Treasury

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

Open to Public

Internal Revenue Service

Name of the organization

OPEN STREET MAP US INC

27-2375394

**Employer identification number** 

|   | 2/-23/5394   |
|---|--|
| Return<br>Reference                             | Explanation  |
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 6   | THE ORGANIZATION HAS ONE CLASS OF MEMBERS, KNOWN AS "MEMBERS".   |
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7A  | MEMBERS HAVE A RIGHT TO VOTE ON MATTERS AFFECTING THE CORPORATION INCLUDING, BUT NOT LIMITED TO, THE ELECTION OF DIRECTORS, AS PERMITTED BY THE DISTRICT OF COLUMBIA NONPROFITS CORPORATION ACT OF 2010.   |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | THE 990 IS REVIEWED BY THE BOARD AT ITS NEXT REGULARLY SCHEDULED MEETING.  |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | THE ORGANIZATION MONITORS THE CONFLICT OF INTEREST POLICY ANNUALLY AT BOARD MEETINGS.  |
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19  | THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.  |
| FORM 990,<br>PART IX,<br>LINE 11G               | CONTRACTOR FEES: PROGRAM SERVICE EXPENSES 43,915. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 43,915. PAYROLL SERVICE FEES: PROGRAM SERVICE EXPENSES 900. MANAGEMENT AND GENERAL EXPENSES 256. FUNDRAISING EXPENSES 128. TOTAL EXPENSES 1,284. |

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

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**Additional Data** 

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