Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2021 calenda	ar year, or tax year beginning , 2021, and ending		, 20			
В	heck if ap				dentification number			
	Address c	hange	-164	0393				
Ц	Initial return P.O. Box 214463				number			
=					0664			
=	Final retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	oup Exe	emption			
=		n pending	Sacramento, CA 95821 Nu	ımber l	•			
				ightharpoonup	if the organization is not			
	Vebsite	-			tach Schedule B			
			eck only one) — 🗵 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form					
			★ Corporation					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	s				
			5500,000 or more, file Form 990 instead of Form 990-EZ		187,615.			
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instri					
	aiti		the organization used Schedule O to respond to any question in this Part I					
_	1		ons, gifts, grants, and similar amounts received					
	2			2	187,615.			
		_	ervice revenue including government fees and contracts					
	3		ip dues and assessments	3				
	4	Investment		4				
	5a		ount from sale of assets other than inventory	\dashv				
	b		or other basis and sales expenses					
	6	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)						
ne	а	Gross inc \$15,000) .						
Revenue	b	Gross inco	me from fundraising events (not including \$ of contributions					
è			aising events reported on line 1) (attach Schedule G if the					
_		sum of suc	ch gross income and contributions exceeds \$15,000) 6b					
	С	Less: direc	t expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	7				
		line 6c) .	6d					
	7a	Gross sale	s of inventory, less returns and allowances 7a					
	b		of goods sold	\dashv				
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)	7c				
	8	•	nue (describe in Schedule O)	8				
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	187,615.			
_	10		I similar amounts paid (list in Schedule O)	10	2.,			
	11		aid to or for members	11				
S	12		ther compensation, and employee benefits	12	82,826.			
se	13		al fees and other payments to independent contractors	13	24,360.			
Je.	14		y, rent, utilities, and maintenance	14	19,473.			
Expenses	15		ublications, postage, and shipping	15	42,399.			
_	16	• .	enses (describe in Schedule O)	16	16,520.			
	17		enses. Add lines 10 through 16	17	185,578.			
_	18	Excess or	(deficit) for the year (subtract line 17 from line 9)	18	2,037.			
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		2,037.			
SS	.5		r figure reported on prior year's return)		68,437.			
Net Assets	20	=	nges in net assets or fund balances (explain in Schedule O)	19	00,43/.			
Ne	20		• • • • • • • • • • • • • • • • • • • •	20	70,474.			
	21	เพอเ สรรษเร	or fund balances at end of year. Combine lines 18 through 20 ▶	21	/0,4/4.			

REV 05/24/22 PRO

Page 2

Pa	Balance Sheets (see the instructions	•		D		.
	Check if the organization used Schedule	O to respond to a		Part II		B) End of year
00	Cook assisses and investments			., , ,		· · · · · · · · · · · · · · · · · · ·
22 23	Cash, savings, and investments		-	,	22 23	70,942.
23 24	Other assets (describe in Schedule O)		-		23 24	0 202
25	Total assets		-	,	2 4 25	8,282. 79,224.
26	Total liabilities (describe in Schedule O)		<u> </u>		26	8,750.
27	Net assets or fund balances (line 27 of column		-		27	70,474.
Par		· · · — — —				,0,1,1.
	Check if the organization used Schedule					Expenses
Wha		See Part III	• •		٠.	ired for section
	cribe the organization's program service accompli			rogram convices)(3) and 501(c)(4) izations; optional fo
as m	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title.			others	
28	Peer support through direct perso 1. Over 450 telephone conversatio attended by 1,393 people; 3. Memory	ns; 2. 91 meet quilts displa	tings ayed at various			
	(Grants \$ 0.) If this amount				28a	33,469.
29	Peer support through printed mate of printed resources were mailed; 3. Over 59,296 monthly newsletter (Grants\$ 0.) If this amount	2. Website ma s sent per yea	aintained; ar.		29a	78,093.
30						•
31	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra		•	30a	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	31a	
32	Total program service expenses (add lines 28a	through 31a)		•	32	111,562.
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation		estimated amount of the compensation
Mar	ilyn Koenig					
Exe	cutive Director	35.00	25,200.	0.		0.
	ly Holmstrom	_				
	sident	8.00	0.	0.		0.
	is Beeby	-		_		
	ector	2.00	0.	0.	-	0.
	an Reynolds					
	retary/Treasurer erie Gilzean	8.00	0.	0.	+	0.
	ector	2 00	0	0		0
	Howard	2.00	0.	0.	+	0.
	ector	2.00	0.	0.		0.
	phanie Chandler-Tonstand	2.00	0.	0.		0.
	ector	2.00	0.	0.		0.
	y Rossell ector	2.00	0.	0.		0.
	dy Iseley					
	ector	2.00	0.	0.		0.
	i Groth	1				
Vic	e President	8.00	0.	0.		0.

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	<u>V.</u>	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		×
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	_		
о э а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4915 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ► CA			
42a	The organization's books are in care of ► Kristine Cozine Telephone no. ► (916)	5)39:	2-06	64
	Located at ▶ 2826 El Camino Avenue Suite D-1, Sacramento CA ZIP+4 ▶ 9582	21		
b	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)?	40h	Yes	
	If "Yes," enter the name of the foreign country ▶	42b		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		.)	▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
С	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	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," Form 990 and Schedule R may need to be completed instead of	.50		
	Form 990-EZ. See instructions	45b		×

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

rm 990-EZ (2021)	Page 4
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								Yes	No	
46		ne organization engage, directly or ir								
		ndidates for public office? If "Yes," o		, Part I			. 4	6	×	
Part		Section 501(c)(3) Organizations								
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and c	omplete the	e table:	s for lin	ies	
		50 and 51.		l de la companya de l	ulata Dani Vii					
		Check if the organization used Scl	nedule O to respond	to any question in	tnis Part Vi				<u> </u>	
47	Did +	as organization ongogo in labbying	activities or boye a	naction EO1/b) clasti	on in offoot	during the	tov	Yes	No	
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par				_		7		
48	•	organization a school as described in						8	×	
40 49a		ne organization make any transfers to						ю 9а	×	
b		s," was the related organization a se	-	_				9b	+^	
50		blete this table for the organization's						-	⊥ าd ke\	
		byees) who each received more than								
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC	contribution	th benefits, is to employee s, and deferred		nated amo		
			devoted to position	1099-NEC)	comp	ensation				
None	·									
f	Total	number of other employees paid over	er \$100,000	. ▶						
51	Comp	olete this table for the organization'	s five highest compe	ensated independen	t contracto	rs who each	receive	ed more	e thar	
	\$100,	000 of compensation from the organ	nization. If there is no	ne, enter "None."						
	(a)	Name and business address of each independ	lent contractor	(b) Type of sei	vice	(c)	Compens	sation		
None	 }			<u> </u> 						
				1						
				1						
		number of other independent contra	•		.▶					
52		he organization complete Schedu		(/ ()				, –		
									No	
Under p true, co	enalties rrect, and	of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than	eturn, including accompan n officer) is based on all info	ying schedules and staten ormation of which preparer	nents, and to the has any know	ne best of my kr ledge.	nowledge	and belief	i, it is	
					n'		<u> </u>			
Sign		Signature of officer				7 / 03 / 2022 ate	-			
Here		Marilyn Koenig, Execu	tive Director							
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature	D	ate	Check X	if PTII			
Prep	arer	Michael Shimizu, CPA				self-emplo	yed P00		00	
•	Only	Firm's name ► MICHAEL SHIMIZ			Fi	rm's EIN ▶20				
		Firm's address ► 433 GLADSTONE			Ph	Phone no. (916)910-3439				
\/la\/ th	1RS	discuss this return with the preparer	r shown ahove? See i	netructione			▶ X V	'AC	No	

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 16: Other Expenses

Continuation Statement

Description	Amount
Bank charges	337.
Conferences	40.
Dues and subscriptions	2,420.
Depreciation	494.
Meetings	3,356.
Other	600.
Licenses and permits	568.
Payroll charges	1,217.
Employee/volunteer appreciation	2,048.
Insurance	5,215.
Fundraising	135.
Staff development	90.
Total	16,520.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Part III: Purpose

Continuation Statement

Organization's Primary Exempt Purpose
Peer support for those affected by a
suicide death (meetings, telephone,
website, monthly newsletter, and
mailings)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public

lame	lame of the organization Employer identification number							
rie	riends for Survival Sacramento Chapter 31-1640393							
Par	t I	Reason for Public Char	rity Status. (All	organizations mus	t comple	ete this p	oart.) See instruction	ons.
The c	_	anization is not a private founda		,		-	•	
1		A church, convention of church	•				0(b)(1)(A)(i).	
2		A school described in section		•		•		
3		A hospital or a cooperative hos						
4	Ш	A medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(III). Enter the
_		hospital's name, city, and state						المحالية عام المالية
5	Ш	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	ai unit described ir
6		A federal, state, or local govern	•					
7	×	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	n the general public
8		A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9		An agricultural research organi	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college
		or university or a non-land-grad	nt college of agri	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
		university:						
10	Ш	An organization that normally r receipts from activities related	eceives (1) more	than 331/3% of its su	pport from	m contrib	outions, membership	fees, and gross
		support from gross investment acquired by the organization a	income and unr	related business taxal	ole incom	ie (less se	ection 511 tax) from	businesses
11		An organization organized and	•	•	,,,,	•	,	
12		An organization organized and	operated exclusi	vely for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes o
		one or more publicly supported						
		the box on lines 12a through 12	d that describes	the type of supporting	g organiza	tion and	complete lines 12e,	12f, and 12g.
а		☐ Type I. A supporting organ						
		the supported organization supporting organization. You					he directors or trust	ees of the
b		☐ Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of t				persons	that control or man	age the supported
		organization(s). You must of	-	•				
С		☐ Type III functionally integrated integrated in the property of the prop						ally integrated with,
		its supported organization(, ,	· ·		-		
d		Type III non-functionally i						
		that is not functionally integ						id an attentiveness
		requirement (see instruction	,	•		-		
е		☐ Check this box if the organ						e II, Type III
	_	functionally integrated, or T			oporting (organizati	ion.	
g		nter the number of supported or Provide the following information	•	orted organization(s)				•
9		Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	(1)	varie of supported organization	(11) E114	(described on lines 1–10	listed in you	ır governing	support (see	other support (see
				above (see instructions))	docui	ment?	instructions)	instructions)
					Yes	No		
Δ.								
A)								
B)								
(C)								
D)								
E)								

Part II 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. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 81,827. 85,855. 102,707. 166,125. 180,580. 617,094. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 617,094. 4 81,827. 85,855. 102,707. 166,125. 180,580. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 617,094. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 81,827. 85,855. 102,707. 166,125. 180,580. 7 Amounts from line 4 617,094. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 177. 0. 0. 0. 0. 177. Net income from unrelated business 9 activities, whether or not the business is regularly carried on 3,930. 0. 0. 0. 0. 3,930. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 621,201. Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 99.34% Public support percentage from 2020 Schedule A, Part II, line 14 15 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			, i	•	,	_
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
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						
_	,						
8	Add lines 7a and 7b						
O	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(a) 2011	(6) 2010	(0) 2010	(a) 2020	(6) 2021	(i) Total
10a	Gross income from interest, dividends,						
·ou	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	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)		- finat - :	Alebaci E. U	an fifth 1		- F01/-\/0\
14	First 5 years. If the Form 990 is for the organization, check this box and stop her	•			-		. , . ,
Cooti	on C. Computation of Public Suppor						– 📙
<u> 15</u>	Public support percentage for 2021 (line 8			13 column (f)		15	%
16	Public support percentage from 2020 Sch						
	on D. Computation of Investment Inc	come Perce	ntage			10	70
17	Investment income percentage for 2021 (I			ov line 13 colu	ımn (fl)	17	%
18	Investment income percentage from 2020 (investment income percentage from 2020)			-	. ,,		
19a	33 ¹ / ₃ % support tests—2021. If the organi						
ısa	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ / ₃ % support tests—2020. If the organiz	_	_	-		-	_
~	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization die	_	=	•	-		_

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Se

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	100	110
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	6		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	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.)

Part I	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	netru	ctions	2)
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (struct	ions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
L	·	Zd		
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.	Oh		
2		2b		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions** Section E—Distribution Allocations (see instructions) **Distributable Excess Distributions** Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 **a** From 2016 From 2017 **c** From 2018 **d** From 2019 **e** From 2020 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2021 distributable amount Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: Excess from 2017 . . . Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . .

Schedule A (Form 990) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)