ObjectId: 202223149349303602 - Submission: 2022-11-10

TIN: 33-0308483OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A Fo	or the 2021 cal	alendar year, or tax year beginning 01-01-2021 , and endir	ig 12-3	1-2021				
O Add	ck if applicable: dress change	C Name of organization FIRST AMENDMENT COALITION				33-0308		ication number
	me change tial return	Doing business as						
	il return/terminated				<u> </u>			
_	ended return	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite	E	Telephone	number	
O App	olication pending	534 FOURTH STREET B				(415) 46	0-5060	
		City or town, state or province, country, and ZIP or foreign postal code SAN RAFAEL, CA 94901			G	Gross rece	eipts \$ 1,	033,304
	ĺ	F Name and address of principal officer:		H(a)	Is this a g	group retu	ırn for	
		DAVID SNYDER 534 FOURTH STREET B			subordina			☐Yes ✓No
		SAN RAFAEL, CA 94901			Are all su included?	bordinate	S	☐ Yes ☐No
	-exempt status:		527	1	If "No," a	ittach a lis		nstructions.
J W	ebsite:▶ WW	/W.CFAC.ORG		П(С)	Group ex	emption n	iumber	•
K Form	n of organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►		L Year of	f formation	n: 1988 I	M State	of legal domicile: CA
Pa	rt I Sum	mary						
		cribe the organization's mission or most significant activities: D TO ADVANCING FREE SPEECH, GOVT. ACCOUNTABILITY & PUBLI	C PARTI	CIPATIO	N IN CIVI	IC AFFAIR	S	
Governance		, , , , , , , , , , , , , , , , , , ,						
na								
Ver	2 Check thi	a hay N						
GO		of voting members of the governing body (Part VI, line 1a)		3	29			
	4 Number o	of independent voting members of the governing body (Part VI, line	1b) .				4	29
ies	5 Total num	nber of individuals employed in calendar year 2021 (Part V, line 2a)			5	5		
Activities &		nber of volunteers (estimate if necessary)			6	0		
Act	7a Total unre	elated business revenue from Part VIII, column (C), line 12			7a	0		
	b Net unrel	ated business taxable income from Form 990-T, Part I, line 11					7b	0
		, ,			Prior \	Year		Current Year
_	8 Contribut	ions and grants (Part VIII, line 1h)				952,31	L3	1,027,669
Revenue		service revenue (Part VIII, line 2g)	_			,-	0	0
eve	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)				3,83	36	5,630
α		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				-,-	0	5
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line	e 12)			956,14	19	1,033,304
		nd similar amounts paid (Part IX, column (A), lines 1–3)					0	0
		paid to or for members (Part IX, column (A), line 4)					0	0
60		other compensation, employee benefits (Part IX, column (A), lines	5-10)			509,87	72	589,462
Expenses		nal fundraising fees (Part IX, column (A), line 11e)				83,33		83,333
D GK		aising expenses (Part IX, column (D), line 25) ▶83,333						
ă		penses (Part IX, column (A), lines 11a–11d, 11f–24e)			171,41	11	203,786	
	-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)				764,61	_	876,581
	· -	less expenses. Subtract line 18 from line 12				191,53		156,723
k 8			-	Beai	nning of C	Current Yea		End of Year
Net Assets or Fund Balances								
Bak	20 Total asse	ets (Part X, line 16)				1,174,46	57	1,357,417
et A	21 Total liab	ilities (Part X, line 26)					0	0
žÏ	22 Net asset	s or fund balances. Subtract line 21 from line 20				1,174,46	57	1,357,417

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

					2022-11-08		
Sign	Signate	ure of officer			Date		
lere	DAVID	SNYDER EXECUTIVE DIRECTOR					
		or print name and title					
		Print/Type preparer's name	Preparer's signature	Date		PTIN	
Paid	Ľ	Tilly Type preparer 3 name	Treparer 5 Signature	2022-11-08	Check if self-employed	P00364484	
repare	er 📙	Firm's name F GILBERT CPAS			Firm's EIN	68-0037990	
Jse On	ıly 🔓	Firm's address > 2880 GATEWAY OAK	S DR STE 100		Phone no. (91	16) 646-6464	
	j				Frione no. (31	10) 040-0404	
		SACRAMENTO, CA	95833				
lay the IR	RS discuss	this return with the preparer sh	nown above? (see instructions)			. 🔽 Yes	□ No
or Paper	work Re	duction Act Notice, see the s	eparate instructions.	Cat. N	No. 11282Y	Fo	rm 990 (202
			Dogo 2				
			——————————————————————————————————————				
orm 990 ((2021)						Page
Part III	State	ement of Program Service	Accomplishments				
		if Schedule O contains a respon	se or note to any line in this Pa	tIII			🗸
_	•	be the organization's mission:					
THE FIRST	AMENDM	IENT COALITION (FAC) IS AN AV	WARD-WINNING, NONPROFIT PL	JBLIC INTEREST ORG	ANIZATION D	DEDICATED TO A	DVANCING
		CH, MORE OPEN AND ACCOUNTA DXYGEN OF DEMOCRATIC SELF-					
JELIE VE, T	THE THE C	SATISTICS OF BELLOCITY WITE SEE	GOVERNI PONDED IN 190	oo, the hero locale	, 517(124415	271112 11711101171	
2 Did t	the organ	ization undertake any significan	t program services during the ve	ear which were not lis	sted on		
	_	n 990 or 990-EZ?	e program services during the ye	car winer were not no	ica on	Πva	es 🔽 No
	•	ribe these new services on Sche	dula O				es No
	•						
	_	iization cease conducting, or ma	ke significant changes in now it	conducts, any progra	m		
	ices? .						Yes 🔽 No
If "Y	'es," descr	ribe these changes on Schedule	0.				
Sect	tion 501(c	organization's program service a c)(3) and 501(c)(4) organization if any, for each program service	s are required to report the amo				
4a (Cod	le:) (Expenses \$	637,074 including grants of	\$) (Revenue \$)
FAC I CAMI (COM AMEI (AND FAC'S IN TH FAVO USE TEPO ORGO IMPL WITH COUI ORIGO UNDI PART	FORCED TH IPAIGN TO E NTINUED OI NDMENT RI D PRESS') R PRESS WEI S LAWSUIT HAT COUNT OR OF FREE THEIR RIGI ORTING, WH SANIZED MU LICATIONS (H SAN FRAN RTS AND R. GGINAL MULT DERSTANDIN TNERSING W.	I GOVERNMENT, FREE-PRESS RIGHTS HE DISCLOSURE OF THOUSANDS OF ENFORCE AND STRENGTHEN CALIFOR N SCHEDULE O.)-FAC'S FEDERAL CIV IGHT TO WITNESS COURT PROCEEDI RIGHT OF ACCESS. IT WAS PART OF A RE NOT SHUT OUT OF COURT PROCE UNDER THE CALIFORNIA PUBLIC RE FYFAC'S WORK ON AMICUS BRIEFS EXPRESSION, PRESS FREEDOMS AN HTS:-FAC HOSTED NUMEROUS FREE HETHER DAILY OR IN-DEPTH INVEST. JLTIPLE DISCUSSIONS AND WORKST NOT THE PROTECT OF THE NCISCO PUBLIC RADIO STATION KQE ACIAL JUSTICE ON THE EVE OF THE TIMEDIA PROJECT, "PROTEST AND PUBLIC NG OF THE FIRST AMENDMENT'S ROL VITH FIRST AMENDMENT WATCH, FAC TO COURTS.	PAGES OF FORMERLY SECRET RECOR RILA'S SB 1421, A LANDMARK BILL TIL RIGHTS LITIGATION AGAINST A S NGS. THE LAWSUIT, BROUGHT JOINT A BROADER, STATE-WIDE CAMPAIGN EDINGS, DESPITE RESTRICTIONS ON THROUGHOUT 2021, AT BOTH THE TID OPEN GOVERNMENT.SOME EXAMPLED OM OF INFORMATION BOOT CAMPS IGATIVE WORK, BY USING FREEDOM OPS ON PRESSING FIRST AMENDMENT OF WITH NOTED SCHOLAR ERWIN ID; "OPEN COURTS & RACIAL JUSTICE STHALL OF THE MINNEAPOLIS POLICE SHBACK," A COLLABORATION BETWEE IN THE MOVEMENT FOR BLACK LIV	DS OF POLICE-MISCOND HAT BROUGHT LONG-NE TATE COURT SYSTEM IN LY WITH THE ACLU, SET BY FAC AND ITS PARTNE IN PHYSICAL ACCESS TO (NOT FACE AND APPELLES OF ACHIEVEMENTS ITO PROVIDE JOURNALIS OF-INFORMATION LAWS OF HAD ACCESS ISSUES CHEMERINSKY; "UNDERSE," JOINTLY PRODUCED IN COFFICER WHO KILLED GEEN FAC AND CODE BLACES AND TO DOCUMENT!	UCT INVESTIG/ EDED TRANSPA SOUTHERN CAI FLED ON FAVOR R ORGANIZATI COURTS AS A R ELEASE OF REC LATE LEVEL, HE N EDUCATING / ITS WITH THE T MORE EFFECT INCLUDING: A STANDING POLI WITH FIRST AM ECH FECT ECH MEDICATION K MEDIA THAT NEW THREATS 1	ATIONS PART OF FA IRENCY TO SUCH RE ILFORNIA ENFORCE RABLE TERMS FOR T ONS TO ENSURE TH ESULT OF THE COV CORDS RELATING TO ILFED ADVANCE ARE AND EMPOWERING TOOLS TO IMPROVE IVELYFAC HOSTED Q&A ON THE FIRST ICE RECORDS," JOII ENDMENT WATCH, I FAC LAUNCHED ITS AIMED TO DEEPEN TO FIRST AMENDME	C'S LARGER ECORDS. D THE FIRST THEP PUBLIC'S HAT THE PUBLIC. ID PANDEMIC 0 COVID DEATH GUMENTS IN THE PUBLIC TO THEIR AND/OR AMENDMENT NTLY PRODUCED ON ACCESS TO IS THE ENT RIGHTS
4h (0.1	1	\	1I. dt) (Davis		
NOTE THE	POENA DEF ES PROTEC INITIATIVE) (Expenses \$ FENSE INITIATIVEFAC'S SUBPOENA D TED UNDER CALIFORNIA'S JOURNAL E ALSO INCLUDES TRAINING SEMINA Y TRAINING SESSIONS AND CO-HOST	IST SHIELD LAW. FAC ARRANGES FOR RS FOR LAWYERS, TEACHING THEM	STS OPPOSE SUBPOENA R COUNSEL FOR JOURNA THE DETAILS OF JOURNA	LISTS OTHERW	ISE UNABLE TO PAY	FOR LAWYERS
4c (Code) (Expenses \$	including grants of	¢) (Revenue \$)
LEGA	AL HOTLINE	E SERVICE IN 2021, FAC STAFF AND (BLIC RECORDS, PARTICIPATING IN G	OUR PARTNERS AT BRYAN CAVE LEIG	HTON PAISNER RESPOND		HAN 800 QUESTIO	,
(Cod) (Expenses \$	including grants of	¢) (Revenue \$)
•) (Expenses \$ VERSIGHT FAC WORKS WITH ALLIES				YDAND THE DIGHT	,
		VERSIGHT FAC WORKS WITH ALLIES RST AMENDMENT RIGHTS, AND TO OF			THAT WOULD E	APAND THE KIGHT	OF FUDLIC

including grants of \$

) (Revenue \$

4e Total program service expenses▶ 637,074

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Par	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	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>	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	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🐿	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	12a		No
b	Schedule D, Parts XI and XII	12a		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			<u> </u>
		13		No No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		INU
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Yes	
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? If "Yes," complete Schedule G, Part III	19		No
70-	13id the exampleation energies and as mass been ital tradition? If "Vac " complete Cabadula U		ı	1

LUa	Did the organization operate one of more hospital facilities? If tes, complete schedule π	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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Par	Checklist of Required Schedules (continued)			Page 4
	4		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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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? If "Yes," complete Schedule L, Part IV			
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		No
D	A family member of any individual described in line 200? If Fes, complete Schedule L, Fait IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule N, Part II	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

	Check if Schedule o Contains a response of note to any line in this fact v	•		N ₂
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ĭ	(gambling) winnings to prize winners?	1c	Yes	
		F	orm 99	0 (2021)
	Page 5 ———————————————————————————————————			
orm	990 (2021)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and	1		_
	Tax Statements, filed for the calendar year ending with or within the year covered by			
L		2b	Yes	
D	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.	20	163	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	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?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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?	7 f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7.		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	7g		
•	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
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:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
	12b			i

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

	NAME A GO THO INSTRUCTIONS FOR CONTROL INTOWNSTICS THE ORGANIZATION MUST RECOVE ON A SPORTILL IN			•
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	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	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm 99	0 (2021)
	Page 6			
	rage 0			
Form	990 (2021)			Page 6
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	lo" resp	onse to	~
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 29			
	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? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	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:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
10-	Did the evention have lead chapters by the eventual at the eve	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
11a	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			110
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	

	If "Yes" to line 15a or 15b, describe the pr	ocess on Sched	ule O. S	See in	stru	ıctio	ns.					
16a	. 16	а	No									
b	If "Yes," did the organization follow a writt in joint venture arrangements under applie status with respect to such arrangements?		h									
Se	ction C. Disclosure											
17	List the states with which a copy of this Fo	orm 990 is requi	ired to I	be file	ed▶		CA					
18	Section 6104 requires an organization to r 501(c)(3)s only) available for public inspec									ion		
	Own website Another's website		•			•	•		,			
19	Describe in Schedule O whether (and if so policy, and financial statements available t						vernir	ig do	ocuments, conflict of interes	t		
20	State the name, address, and telephone n									:		
	GILBERT CPAS 2880 GATEWAY OAKS DE	R STE 100 SA	ACRAME	:NTO,	CA	958.	33 (9)	16) 6	546-6464		Form 99	0 (2021)
				Page	7	_						
orm	990 (2021)											Page 7
Par	Compensation of Officers, D	-	stees	Key	/ Er	npl	oyee	s, F	Highest Compensated	Employ	ees,	
	and Independent Contracto					_						
Se	Check if Schedule O contains a respection A. Officers, Directors, Truste								nnensated Employees			
	omplete this table for all persons required to			-							ganization	ı's tax
ear.	List all of the organization's current officer	·							,		-	
	mpensation. Enter -0- in columns (D), (E), a							OI C	organizations), regardless of	amount		
	ist all of the organization's current key em								, , ,			
vho r	ist the organization's five current highest or received reportable compensation (box 5 of hization and any related organizations.										,000 from	the
• L	ist all of the organization's former officers,	key employees	s, or hig	hest	com	pen	sated	emp	ployees who received more	:han \$100	0,000	
	portable compensation from the organization ist all of the organization's former directo						capa	citv	as a former director or trus	ee of the		
	sization, more than \$10,000 of reportable co											
See t	he instructions for the order in which to list	the persons ab	ove.									
	Check this box if neither the organization no		rganizat I	tion c			ated a	any o				
	(A) Name and title	(B) Average hours per week (list any hours	pers	an on on is	e bo botl	t cho ox, u h an	eck m Inless office ustee	er	Reportable Reportable compensation compensation from the	E) rtable nsation related zations	Estim amount comper from	nated of other nsation
		for related							2/1099- W-2	/1099-	organiza	tion and
		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensat employee	Former		/1099- EC)	rela organiz	
		line)	eg da	utio	24	mp	st c	Œ.				
			~ Z	nal		оув	ρ					
			State State	Trus		Φ	pen					
				ee ee			sated					
1) PF	TER SCHEER	0.00					Ь					
	DENT		Х		Х				0	0		0
	JFFY CAROLAN	0.00										
	PRESIDENT		Х		Х				0	0)	0
(3) DI	CK ROGERS	0.00										
	PRESIDENT		Х		Х				0	0)	0
	COTT LINDLAW	0.00					 					
			х		Х				0	0)	0
	AROLD FUSON	0.00										
			х		Х				0	0)	0
KEAS	SURER											

(6) TIM ALGER

BOARD MEMBER

	ĺ	İ		i	ı	I	ĺ	1
(7) LARA BERGTHOLD BOARD MEMBER	0.00	х				0	0	0
(8) MARCOS BRETON BOARD MEMBER	0.00	X				0	0	0
(9) CHERYL BROWN BOARD MEMBER	0.00	X				0	0	0
(10) BRUCE B BRUGMANN BOARD MEMBER	0.00	х				0	0	0
(11) THOMAS BURKE BOARD MEMBER	0.00	Х				0	0	0
(12) SEWELL CHAN BOARD MEMBER	0.00	х				0	0	0
(13) ED CHAPUIS BOARD MEMBER	0.00	х				0	0	0
(14) ERWIN CHEMERINSKY BOARD MEMBER	0.00	Х				0	0	0
(15) ALICA DEL VALLE BOARD MEMBER	0.00	Х				0	0	0
(16) RICHARD GINGRAS BOARD MEMBER	0.00	Х				0	0	0
(17) JAY HARRIS BOARD MEMBER	0.00	Х				0	0	0

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Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours	pers	an on on is	e bo both	t che x, u n an	eck mo nless office ustee)	r	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(18) JEAN-PAUL JASSY	0.00	Х						0	0	0
BOARD MEMBER		••••						_	_	
(19) LINDA JUE	0.00	х						0	0	0
BOARD MEMBER										
(20) QUIENTIN KOPP BOARD MEMBER	0.00	×						0	0	0
(21) JIM NEWTON BOARD MEMBER	0.00	×						0	0	0
(22) KARL OLSON	0.00	Х						0	0	0
BOARD MEMBER										
(23) MEL OPOTOWSKY BOARD MEMBER	0.00	×						0	0	0
(24) ROWLAND REBELE BOARD MEMBER	0.00	X						0	0	0

(25) EDV	VARD WASSERMAN	0.00	Ī	ı	I	1 1	Ī	1		Ĩ	1		
BOARD N			×							0	0		0
	ROL MELAMED	0.00	×							0	0		0
(27) 1111	VE COMMITTEE AT LARGE IET WILLIAMS	0.00					-						
EXECUTI	VE COMMITTEE AT LARGE	0.00	×							0	0		0
(28) KAT	HERINE ROWLANDS	0.00	,,										
	VE COMMITTEE AT LARGE		×							0	0		0
` ,	ARDO SANDOVAL-PALOS	0.00	Х							0	0		0
EXECUTI	VE COMMITTEE AT LARGE		····^							0			
	/ID SNYDER VE DIRECTOR	40.00			х				140,00	0	0		28,298
	o-Total			٠.	-	•					丁		
	al from continuation sheets al (add lines 1b and 1c) .	•				A			140,000		0		28,298
2 To	otal number of individuals (incl	uding but not limited to t		sted a	abov	e) wh	o rece	ived m	nore than \$10	0,000			
0	f reportable compensation fron	n the organization ▶ 1											
												Yes	No
	old the organization list any for	•		•			_		ompensated (employee on			
	ne 1a? If "Yes," complete Sche										3		No
	or any individual listed on line rganization and related organiz									the			
	ndividual		•		•	•		•			4	Yes	
5 D	oid any person listed on line 1a	receive or accrue compe	nsatior	n from	any	unre	lated (organiz	zation or indiv	idual for			
S	ervices rendered to the organiz	ation?If "Yes," complete	Sched	ule J f	or si	uch pe	erson				5		No
Sect	ion B. Independent Con	tractors										•	
	complete this table for your five from the organization. Report co										mpen	sation	
	om the organization. Report Co	(A)	iuai ye	ar em	unig	WILII	or with	iiii tiie	gorganization	(B)		((<u>;)</u>
	1	lame and business address							Descr	iption of services		Compe	
											\dashv		
	al number of independent conti		limite	d to th	nose	listed	abov	e) who	received mo	re than \$100,00)0 of		
con	npensation from the organization	on ▶ 0										Form 99	0 (2021)
												101111 33	0 (2021)
				Pag	e 9								
F 00	20 (2021)												_
Part \	90 (2021) / Statement of Reve												Page 9
Part		ntains a response or note	to an	, lina	in th	nic Par	1 \/III						
	Check ii Schedule 0 co	italis a response of note	to an	, iiiie		4)	T	•	(B)	(C)	寸	 (D)
				To	tal r	evenu	е		lated or xempt	Unrelated business		Rever	
								fu	ınction	revenue	t	ax under	sections
Fec	derated campaigns							re	evenue			512 -	514
Contrib	' '												
	rants, mbership dues	1b											
	mt _{11,600}												
Similar	gdraising events	1c											
<u> </u>													
d Rel	ated organizations	1d											
e Gov	vernment grants (contributions)	1e											
	other contributions, gifts, grants, similar amounts not included ve	1f											
a Non	1,016,069												

d All other revenue					
e Total. Add lines 11a-11d	•	5			
12 Total revenue. See instructions	•	1,033,304	5	0	5,630

Form **990** (2021)

----- Page 10 -

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizatio	ns must complete colu	ımn (A).
Check if Schedule O contains a response or note to any	y line in this Part IX			🗆
o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·	,	·
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	168,298	134,638	33,660	
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	343,462	274,769	68,693	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,497	19,598	4,899	
9 Other employee benefits	15,409	12,327	3,082	
0 Payroll taxes	37,796	30,237	7,559	
Fees for services (non-employees):				
a Management				
b Legal	3,481	3,481		
c Accounting	14,015		14,015	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	83,333			83,3
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)	34,011	27,209	6,802	
2 Advertising and promotion				
3 Office expenses	43,554	34,844	8,710	
4 Information technology	8,939	7,151	1,788	
5 Royalties				
6 Occupancy	26,020	20,816	5,204	
7 Travel	216	173	43	
8 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
9 Conferences, conventions, and meetings	697	558	139	
O Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization				
3 Insurance	7,841	6,273	1,568	
4 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 LEGAL HOTLINE	65,000	65,000		

	U OII	ILIX		1		Ī		14		
	С									
	d									
	e Allo	other expenses								
25	Tota	I functional expenses. Add lines 1 through 24e		876,581	637,074		15	6,174		83,333
26	repor educa	t costs. Complete this line only if the organization ted in column (B) joint costs from a combined ational campaign and fundraising solicitation. k here if following SOP 98-2 (ASC 958-72)								
									Form 99	90 (2021)
				— Page 11 ———						
Forn	n 990	(2021)								Page 11
	art X	Balance Sheet								rage II
		Check if Schedule O contains a response or not	o to an	v line in this Bort IV						
		Check if Schedule O Contains a response of not	e to ai	y inte in this Falt IX .	(A)			· ·	(B)	
					Beginning of	year			End of yea	ar
	1	Cash-non-interest-bearing				388,616	1			364,415
	2	Savings and temporary cash investments				535,472	2			993,002
	3	Pledges and grants receivable, net		•			3			
	4	Accounts receivable, net					4			
	5	Loans and other receivables from 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					5			
	6	Loans and other receivables from other disqualit section 4958(f)(1)), and persons described in section 4958(f)(1).	fied pe	rsons (as defined under			6			
w	7	Notes and loans receivable, net					7			
ssets	8	Inventories for sale or use					8			
SS	9	Prepaid expenses and deferred charges					9			
٩	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,11	10					
	b	Less: accumulated depreciation	10b	2,11	10	0	10c			0
	11	Investments—publicly traded securities .				250,379	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	Other assets. See Part IV, line 11					15			
	16	Total assets. Add lines 1 through 15 (must equ	ual line	33)		1,174,467	16			1,357,417
	17	Accounts payable and accrued expenses					17			
	18	Grants payable					18			
	19	Deferred revenue					19			
	20	Tax-exempt bond liabilities					20			
S	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D			21			
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons .	outor, o	or 35% controlled entity			22			
Ë	23	Secured mortgages and notes payable to unrela	ted thi	rd parties			23			

24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 25 25 **Total liabilities.** Add lines 17 through 25 . . 0 26 0 sts or Fund Balances Organizations that follow FASB ASC 958, check here complete lines 27, 28, 32, and 33. 1,174,467 1,357,417 Net assets without donor restrictions 27 28 Net assets with donor restrictions . . Organizations that do not follow FASB ASC 958, check here complete lines 29 through 33. Capital stock or trust principal, or current funds . . . 29 Paid-in or capital surplus, or land, building or equipment fund 30

31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances	1,174,467	32			,357,41
33 Total liabilities and net assets/fund balances	1,174,467	33			1,357,41
n 990 (2021)				orm 99	Page :
art XI Reconcilliation of Net Assets					
Check if Schedule O contains a response or note to any line in this Part \boldsymbol{XI} .	<u> </u>				
Total revenue (must equal Part VIII, column (A), line 12)		1		1	,033,
Total expenses (must equal Part IX, column (A), line 25)		2			876,
Revenue less expenses. Subtract line 2 from line 1		3			156,7
Net assets or fund balances at beginning of year (must equal Part X, line 32, column	(A))	4		1	,174,4
Net unrealized gains (losses) on investments		5			26,2
Donated services and use of facilities		6			
Investment expenses		7			
Prior period adjustments		9			
O Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal P) O Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal P)		10		1	,357,4
Part XII Financial Statements and Reporting	(- //				, , , ,
Check if Schedule O contains a response or note to any line in this Part XII .					
Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "C Schedule O. Were the organization's financial statements compiled or reviewed by an independen If 'Yes,' check a box below to indicate whether the financial statements for the year v separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year v consolidated basis, or both: Separate basis Consolidated basis Both consolidated and If "Yes," to line 2a or 2b, does the organization have a committee that assumes resp of the audit, review, or compilation of its financial statements and selection of an ind If the organization changed either its oversight process or selection process during the As a result of a federal award, was the organization required to undergo an audit or Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organizatio audit or audits, explain why in Schedule O and describe any steps taken to undergo services.	t accountant? vere compiled or reviewed separate basis vere audited on a separate separate basis onsibility for oversight ependent accountant? ne tax year, explain in Sche audits as set forth in the Si	basis, edule O. ngle	2b 2c 3a 3b	Yes	No No No
m 990 (2021) Additional Data			Retur	n to Fo	orm
Software ID: Software Version: rm 990, Special Condition Description:					

ObjectId: 202223149349303602 - Submission: 2022-11-10

TIN: 33-0308483

OMB No. 1545-0047

Page 2

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

		MENT COALITION					Employer identific	ation number	
_			<u> </u>	(411	 		33-0308483		
	rt I	Reason for Public					see instructions.		
1	. .	A church, convention of			, , , , , ,	, ,	(A)(i)		
2		•	•				(A)(1).		
_		A school described in se							
3		A hospital or a cooperat	•	-			-		
4		A medical research organisme, city, and state:	anization operat	ed in conjunction with	a hospital desc	ribed in section :	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 section	
6		A federal, state, or loca	government or	governmental unit de	scribed in secti	on 170(b)(1)(A	ı)(v).		
7	~	An organization that no section 170(b)(1)(A)			s support from	a governmental u	nit or from the genera	al public described in	
8		A community trust desc	ribed in sectior	170(b)(1)(A)(vi).	(Complete Part	II.)			
9		An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:							
10		An organization that normally receives: (1) more than $33_{1/3}$ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than $33_{1/3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11		An organization organiz	ed and operated	d exclusively to test for	r public safety. S	See section 509	(a)(4).		
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo					
b		Type II. A supporting of management of the sup must complete Part I	porting organiza	ation vested in the san					
С		Type III functionally supported organization(ted with, its	
d		Type III non-function functionally integrated. instructions). You mus	The organizatio	n generally must satis	fy a distribution	requirement and			
е		Check this box if the or	ganization receiv	ved a written determir	ation from the		pe I, Type II, Type III	functionally	
f	Ento	integrated, or Type III r	•		-				
g		r the number of supported de the following informat	-				· · · · · · · · <u> </u>		
		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
			1				_		
T - 4 - 1									
Tota		work Reduction Act No	tice see the T	estructions for	Cat. No. 1128	<u> </u> !5F	Schadula	 A (Form 990) 2021	
		or 990-EZ.				31	Schoule	7. (1 G.I.I. 220) 20 22	
				Pa	ge 2 ———				
Sched	dule A	(Form 990) 2021						Page 2	

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.

	r fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and	504.404	504.640	510.110	050.040	4 007 660	0.707.405
	membership fees received. (Do not include any "unusual grant.")	524,121	584,619	618,413	952,313	1,027,669	3,707,135
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	524,121	584,619	618,413	952,313	1,027,669	3,707,135
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						1,589,050
	supported organization) included on						1,369,030
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						2,118,085
_	line 4. Section B. Total Support						
	lendar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	r fiscal year beginning in) 🕨			ļ ⁻ -	ļ ⁻ -		
7 8	Amounts from line 4 Gross income from interest,	524,121	584,619	618,413	952,313	1,027,669	3,707,135
•	dividends, payments received on securities loans, rents, royalties and	1,622	1,292	2 6,232	2,363	177	11,686
9	income from similar sources Net income from unrelated business						
,	activities, whether or not the		1				
10	business is regularly carried on Other income. Do not include gain or						
10	loss from the sale of capital assets	1,431	153	2,088	1	5	3,677
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10						3,722,498
12	Gross receipts from related activities, e	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the						ization, check
	this box and stop here	<u> </u>		<u></u>	<u></u>	▶□	
	Section C. Computation of Public						
14						14	56.900 %
15	Public support percentage for 2020 Sch 33 1/3% support test—2021. If the					15	61.020 %
168							
ŀ	and stop here. The organization qualing 33 1/3% support test—2020. If the						
	box and stop here. The organization						_
17	10%-facts-and-circumstances test and if the organization meets the "fact	—2021. If the organization	ganization did not ces" test, check th	check a box on ling this box and stop h	ne 13, 16a, or 16b nere. Explain in Pa	o, and line 14 is 10 art VI how the orga	% or more, anization
	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes						
•	more, and if the organization meets the	he "facts-and-circ	umstances" test,	check this box and	stop here. Expla	ain in Part VI how	the organization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization		🕨 🗆
18	Private foundation. If the organization						▶ □
-	instructions		· · · · · · · ·				Form 990) 2021
						Schoudie A (o 550, 2021
			Page 3				
			2.3.2				
Sch	edule A (Form 990) 2021						Page 3
	Part III Support Schedule for	or Organizatio	ns Described i	n Section 509	(a)(2)		i age 3
	(Complete only if you the organization fails	checked the bo	x on line 10 of I	Part I or if the o	rganization faile		er Part II. If
	Section A. Public Support			_	_		
	lendar year r 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							
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
_	organization's tax-exempt purpose			1			
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513			1			
4	Tax revenues levied for the organization's benefit and either paid						
	E	i	i	I	I	I	I

	to or expended on its benair		I	1	ľ	Ī	1		
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								
h	3 received from disqualified persons Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
Se	from line 6.)								
	ndar year		43.0040		/ IN 2022		1,0		
	fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(†)	Total	
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources		<u> </u>				-		
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.								
c 11	Add lines 10a and 10b. Net income from unrelated business					+	+		
	activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or						-		
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,		-						
13	11, and 12.)								
14	First 5 years. If the Form 990 is for the	_							_
	this box and stop here								ightharpoons
	ction C. Computation of Public			(0)					
15	Public support percentage for 2021 (lin		=			15			
16	Public support percentage from 2020 S	-	-			16			
Se	ction D. Computation of Invest Investment income percentage for 202	ment Income	Percentage	line 13 column	(f))	1471			
17		-				17			
18	Investment income percentage from 2	020 Schedule A,	Part III, line 17			18	20 17	ic not	
18	Investment income percentage from 2 33 1/3% support tests-2021. If the	020 Schedule A, organization did	Part III, line 17 .	on line 14, and	ine 15 is more tha	18 an 33 1/3%, and li		_	
18 19a	Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and	020 Schedule A, organization did I	Part III, line 17 . not check the box organization qua	on line 14, and lifies as a publicly	ine 15 is more that supported organi	18 an 33 1/3%, and li zation)	ightharpoons	18 is
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18 19a b	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	020 Schedule A, organization did latop here. The eorganization did and stop here.	Part III, line 17 not check the boxorganization qual not check a boxorbe organization	on line 14, and lifies as a publicly on line 14 or line qualifies as a pul	line 15 is more that supported organi 19a, and line 16 blicly supported or	nn 33 1/3%, and li zation is more than 33 1, ganization	l /3% ar l	nd line	18 is
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b 0 0 0 0 0 0 0 0 0	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
b i	checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
c 1	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	4a		
	supervised by or in connection with its supported organizations.	4b		
	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. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b	4c		
á	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	5a		
	amendment to the organizing document). 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		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
t	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 1	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	6		
9	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		
	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		
(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		_
	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	Jd		
(organization had an interest? If "Yes," provide detail in Part VI .	9b		
	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		
		,		
0a \	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)? <i>If</i> "Yes,"			
i 0a	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
i 10a 1 6	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"			
i.0a \ .0a \ .0a \ 	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10b	n 990)	2021
i.0a \ .0a \ .0a \ 	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	n 990)	2021
i Oa \ 6	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	ı 990)	2021
0a \(\frac{1}{6} \)	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 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). Schedule A Page 5	10b		
b l	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 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). Schedule A Page 5 Page 5	10b		2021
i Oa N d b I	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 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). Schedule A Page 5 Page 5	10b		
i i i i i i i i i i i i i i i i i i i	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 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). Schedule A Page 5 Lile A (Form 990) 2021 IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons?	10b (Form	·	Page 5
b i	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 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). Schedule A Page 5 Page 5 Supporting Organizations (continued)	10b (Form	·	Page 5
i	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 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). Schedule A Page 5 Lile A (Form 990) 2021 IV 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 (Form	·	Page 5
b	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 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). Schedule A Page 5 Lile A (Form 990) 2021 IV 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 (Form	·	Page 5
b / c / c	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 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). Schedule A Page 5 Ule A (Form 990) 2021 IV 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 (Form	·	Page 5
b a c c c c c c c c c	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 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). Schedule A Page 5 Lile A (Form 990) 2021 IV 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 (Form	·	Page 5
b	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 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). Schedule A Page 5 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. Stion 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 trusteed, or controlled the organization's activities. If the organization had more than one supported organization, be when the power to appoint and/or	10b (Form	Yes	No
b	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 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). Schedule A Page 5 Lile A (Form 990) 2021 IV 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. Stion 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, 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, remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any,	10b (Form	Yes	No
b	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 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). Schedule A Page 5 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. Ition 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 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 (Form	Yes	No
b	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 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). Schedule A Page 5 Jele A (Form 990) 2021 IV 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. Lition 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) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit	10b (Form	Yes	No
b	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 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). Schedule A Page 5 Alle A (Form 990) 2021 IV 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. Ittion 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) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	10b (Form	Yes	No
b	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," anaswer line 10b below. 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). Schedule A Page 5 Lele A (Form 990) 2021 IV 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. A tition 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 directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization of controlled the supporting organization of the that operated organization of controlled the supporting organization of the that operated organization the the supporting organization of the the purposes of the	10b (Form	Yes	No

	supporting organization was vested in the same persons that controlled or managed t	he 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 during				Yes	No
	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?	the or		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the support	'No," e	xplain in Part VI how the			
3	By reason of the relationship described in line 2 above, did the organization's support	ed orga	anizations have a significant	2		
	voice in the organization's investment policies and in directing the use of the organizaturing the tax year? If "Yes," describe in Part VI the role the organization's supported			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	during the year (see instruct	tions):		
•	The organization satisfied the Activities Test. Complete line 2 below.					
ı	The organization is the parent of each of its supported organizations. Complete	e line :	3 below.			
•	The organization supported a governmental entity. Describe in Part VI how you	ou supp	orted a government entity (see	e instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined th substantially all of its activities.	Part V	(I identify those supported now the organization was	2a		
ı	 b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 					
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			2b		
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI. 					
ı	b Did the organization exercise a substantial degree of direction over the policies, programported organizations? If "Yes," describe in Part VI. the role played by the organizations?					
	supported organizations: If Tes, describe in Part VI. the role played by the organization	ation ii	Schedule A	3b		
Sche	edule A (Form 990) 2021				F	age 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgani	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.				е	
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r
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	Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for					
	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	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)	7	(A) Prior Year		rent Yea onal)	
7 8	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	7	(A) Prior Year			
7 8	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short	6 7 8	(A) Prior Year			r
7 8	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	6 7 8	(A) Prior Year			
7 8 1	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): A Average monthly value of securities	7 8 1 1a 1b	(A) Prior Year			r
1	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): A Average monthly value of securities A Average monthly cash balances	7 8 1 1a 1b	(A) Prior Year			

2	Acquisition indebtedness applicable to non-exempt use	accete	2			
3	Subtract line 2 from line 1d	- 433613	3			
4	Cash deemed held for exempt use. Enter 0.015 of line	3 (for greater amount, see	4			
5	instructions). 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			
	,		0			Commont Von
	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		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, 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	ntegrate	ed Type III sup	porting	organization (see
School	dule A (Form 990) 2021	Page 7			Sc	hedule A (Form 990) 2021
		L 500/-)/2) C	· · · · · · · · · · · · · · · · · · ·	(cor	tinuad	Page 7
Par	//	1 509(a)(3) Supporting O	rgani	zations (col	itiiiueu	
Sec	tion D - Distributions					Current Year
1 /	Amounts paid to supported organizations to accomplish	exempt purposes			1	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported of	organiz	ations, in	2	
3 /	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ns		3	
4 /	Amounts paid to acquire exempt-use assets				4	
5 (Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instruction	ns			6	
7 T	otal annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to what details in Part VI). See instructions	ich the organization is responsi	ve (pro	ovide	8	
9 1	Distributable amount for 2021 from Section C, line 6				9	
10 L	ine 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations	(i)		(ii)		(iii)
	(see instructions)	Excess Distributions	Und	derdistribution Pre-2021	ns	Distributable Amount for 2021
1 D	sistributable amount for 2021 from Section C, line 6					
(1	nderdistributions, if any, for years prior to 2021 reasonable cause required explain in Part VI). ee instructions.					
	xcess distributions carryover, if any, to 2021:					
	From 2016					
b	From 2017					
	From 2018					
	From 2019					
	From 2020					
	otal of lines 3a through e					
	Applied to underdistributions of prior years Applied to 2021 distributable amount					
	Carryover from 2016 not applied (see					
i	nstructions)					
	emainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 Dis	stributions for 2021 from Section D, line 7:					
	Applied to underdistributions of prior years					
b /	Applied to 2021 distributable amount					

Return Reference SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME: Additional Data	THER - 2017 AMOUNT: \$ 1,431. 20	18 AMOUNT: \$ 153. 2019 A	, ,	021 AMOUNT: \$ 5.
SCHEDULE A, PART II, LINE 10,	THER - 2017 AMOUNT: \$ 1,431. 20	18 AMOUNT: \$ 153. 2019 A	, ,	'
SCHEDULE A, PART II, LINE 10,	THER - 2017 AMOUNT: \$ 1,431. 20	18 AMOUNT: \$ 153. 2019 A	, ,	'
Return Reference				
		Explanation		
	Facts And Circum	nstances Test		
instructions).		a complete time part	The any additional	
Section A, lines 1, 2, 3b, 3c, Part IV, Section D, lines 2 an	n. Provide the explanations required 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b and 3; Part IV, Section E, lines 1c, 2a and Part V, Section E, lines 2, 5, ar	, and 11c; Part IV, Section B , 2b, 3a and 3b; Part V, line	3, lines 1 and 2; Pa 1; Part V, Section I	rt IV, Section C, line 1; B, line 1e; Part V
Schedule A (Form 990) 2021				Page
	Page	8 —		
			Sched	ule A (Form 990) (2021
e Excess from 2021				
c Excess from 2019 d Excess from 2020			+	_
b Excess from 2018				
a Excess from 2017				
3j and 4c. 8 Breakdown of line 7:				
7 Excess distributions carryover to 2	2022. Add lines			
lines 3h and 4b from line 1. If the am than zero, explain in Part VI . See ins	nount is greater			
Remaining underdistributions for 2021	xplain in Part VI .			
 Remaining underdistributions for years 2021, if any. Subtract lines 3g and 4a If the amount is greater than zero, exsee instructions. Remaining underdistributions for 2021 				

efile Public Visual Render ObjectId: 202223149349303602 - Submission: 2022-11-10 TIN: 33-0308483 Schedule B OMB No. 1545-0047 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 Name of the organization **Employer identification number** FIRST AMENDMENT COALITION 33-0308483 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).

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

Cat. No. 30613X

Schedule B (Form 990) (2021)

Page 2

Schedule B (Form 990) (2021)

Page 2

Name of organization

Employer identification number

Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTE			Person Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
			Person
•			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		· ·	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		·	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2021)
	Page 3		
Schedule F	(Form 990) (2021)		Page 3
Name of org	anization	Employer identification	
	DMENT COALITION	33-0308483	
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received

-			\$	
(a) No. from Part I	(b) Description of noncash	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	-
Oak a dula	D (F 000) (0004)	——————————————————————————————————————		Schedule B (Form 990) (2021)
Name of or	B (Form 990) (2021) rganization NDMENT COALITION		' '	Page 4 entification number
Part III	Exclusively religious, charitable, etc., cor than \$1,000 for the year from any one cor organizations completing Part III, enter th year. (Enter this information once. See in: Use duplicate copies of Part III if additional seconds.)	ntributor. Complete columns (a) the total of exclusively religious, chastructions.) \(\bigsim \) \(\bigsim \)	ough (e) and the follow	ing line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4	elationship of transferor	to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	elationship of transferor	to transferee
(a)			T	
No from	/h) Durnoss of sift	(a) Has of sift	/d\ Daga	rintian of how gift is hold

Part I	(b) Fulpose of glit	(c) USE OI GIIL	(a) Description of now Aut is Heid
· <u>=</u>	Transferee's name, address, and Z	(e) Transfer of gift IP 4 R	elationship of transferor to transferee
(a)			
No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and Z	(e) Transfer of gift	elationship of transferor to transferee
			Schedule B (Form 990) (2021)

Software ID: Software Version:

Return to Form

Additional Data

ObjectId: 202223149349303602 - Submission: 2022-11-10

TIN: 33-0308483

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization

FIRST AMENDMENT COALITION

Employer identification number 33-0308483

Part I-A Complete if the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of

Par	ti-A complete if the organization is exempt under section 501(c) or is a section 527 organization	IIZat	ion.	
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions "political campaign activities."	for d	efinition of	
2	Political campaign activity expenditures. See instructions	\$		
3	Volunteer hours for political campaign activities. See instructions			
Par	T-B Complete if the organization is exempt under section 501(c)(3).			
1	Enter the amount of any excise tax incurred by the organization under section 4955	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		☐ Yes	□ No
4a	Was a correction made?		☐ Yes	\square No
b	If "Yes," describe in Part IV.			
Par	Complete if the organization is exempt under section $501(c)$, except section $501(c)$	3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$		
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$		
4	Did the filing organization file Form 1120-POL for this year?		☐ Yes	□ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to w organization made payments. For each organization listed, enter the amount paid from the filing organization's function of political contributions received that were promptly and directly delivered to a separate political organization, such	ls. Als	o enter the	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice	e, see the instructions for Form 990.	Cat. No. !	50084S Sche	dule C (Form 990) 2021

fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Page 2

A (Check if the filing organization belongs to an expenses, and share of excess lobbying	g expenditures).		iffiliated group m	ember's nam	e, address, EIN,
3 (Check if the filing organization checked box to the constant of the constant	g Expenditures			(a) Filing ganization's totals	(b) Affiliated group totals
b	Total lobbying expenditures to influence public opinion Total lobbying expenditures to influence a legislative Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures					
e f	Total exempt purpose expenditures (add lines 1c and Lobbying nontaxable amount. Enter the amount from columns. If the amount on line 1e, column (a) or (b) is:	n the following table in b	oth	_		
	Not over \$500,000	20% of the amount on line				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the 6				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the e				
		\$225,000 plus 5% of the ex				
	Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000		cess over \$1,500,0	00.		
	Over \$17,000,000	\$1,000,000.				
i	Grassroots nontaxable amount (enter 25% of line 1f Subtract line 1g from line 1a. If zero or less, enter -0 Subtract line 1f from line 1c. If zero or less, enter -0 If there is an amount other than zero on either line 1	, 0)		n 4720 reporting		Yes No
	(Some organizations that made a columns below. See t		tions for line	s 2a through		ne five
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	1 (e) Total
a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures				Schedule	C (Form 990) 202:
		———— Page 3 <i>–</i>				
	dule C (Form 990) 2021 rt II-B Complete if the organization is of Form 5768 (election under sect		on 501(c)(3)	and has NOT	filed	Page :
o			d docarintis = -5:	ha lahki in -	(a)	(b)
	each "Yes" response on lines 1a through 1i below, proity.	ovide in Part IV a detailed	u aescription of t	ie iodbying	Yes N	No Amount
1	During the year, did the filing organization attempt including any attempt to influence public opinion or					
а	Volunteers?				1	No
b	Paid staff or management (include compensation in	n expenses reported on li	ines 1c through 1	i)?	Yes	
c	Media advertisements?					Vo
d	Mailings to members, legislators, or the public?				Yes	294
_	Publications or nublished or broadcast statements	?			Yes	771

٠	rapheations, or published or produceds statements.	<u> </u>	100	ļ.,.	<u> </u>		//=
f		L	V	No			
g		Yes	NI.			2,311	
h	,		No				
i		<u> </u>		No			
j	-						3,376
2a	<u> </u>	<u> </u>		No	4		
b	, , , , , , , , , , , , , , , , , , , ,						
С							
d	3 - 3	,					
Par	art III-A Complete if the organization is exempt under section 501(c)(6).	on 501(c)(4), section 501(c)	(5), o	r sect	ion		
	301(0)(0).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by meml	oers?		ſ	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 o	r less?		F	2		
3	Did the organization agree to carry over lobbying and political expenditures	from the prior year?			3		
Par	art III-B Complete if the organization is exempt under section	on 501(c)(4), section 501(c)	(5), o	r sect	ion 5	01(c)(6)
	and if either (a) BOTH Part III-A, lines 1 and 2, are	answered "No" OR (b) Part	III-A	, line 3	3, is	/(-	,(-,
	answered "Yes."						
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not in expenses for which the section 527(f) tax was paid).	nclude amounts of political					
a			2a				
ь	, , , , , , , , , , , , , , , , , , , ,		2b				
С			2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductile	` '	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line the organization agree to carryover to the reasonable estimate of nondeduc expenditure next year?	tible lobbying and political					
5	Taxable amount of lobbying and political expenditures. See Instructions		4 5				
	, , , , , , , , , , , , , , , , , , , ,		3				
	rovide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, lin structions), and Part ll-B, line 1. Also, complete this part for any additional info		Part II-	A, lines	1 and	12 (se	e
	Return Reference	Explanation					
PART	FAC TOOK PUBLIC POSITIONS ON SIX BI RELATED TO THE ORGANIZATION'S MISS SPEECH. FAC'S ACTIVITY CONSISTED OF COMMITTEES, SENDING COMMUNICATION AUTHORING AN OP-ED PUBLISHED IN A F THESE ACTIVITIES WERE FOR STAFF, TIM	ION OF PROMOTING OPEN GOVERN DRAFTING AND/OR EDITING LETTE NS TO MEMBERS AND FOLLOWERS, REGIONAL PUBLICATION. THE ONLY	MENT, A RS TO I AND IN EXPENI	A FREE I RELEVAI I ONE IN	PRESS NT LE NSTAN	S AND GISLA NCE	ΓIVE
			Sched	ule C (I	orm	990)	2021

Additional Data

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ObjectId: 202223149349303602 - Submission: 2022-11-10

TIN: 33-0308483

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.

OMB No. 1545-0047

Open to Public Inspection

	me of the organization ST AMENDMENT COALITION		Employer identification number
			33-0308483
Pa	rt I Organizations Maintaining Donor Adv Complete if the organization answered "Y		or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
_	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
ŀ	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisorganization's property, subject to the organization's e		
5	Did the organization inform all grantees, donors, and or charitable purposes and not for the benefit of the dono private benefit?	or or donor advisor, or for any other purpose o	be used only for conferring impermissible
Pa	Conservation Easements. Complete if the organization answered "Y	es" on Form 990, Part IV, line 7.	
L	Purpose(s) of conservation easements held by the org		
	Preservation of land for public use (e.g., recreation	on or education) Preservation of an	historically important land area
	Protection of natural habitat		certified historic structure
		— Freservation of a C	certified flistoffe structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	a qualified conservation contribution in the for	
а	Total number of conservation easements		Held at the End of the Year
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histo		2c 2c
	Number of conservation easements on a certified historian variety of conservation easements included in (c) acquired historian variety of conservation easements included in (c) acquired historian variety of conservation easements on a certified historian variety of conservation easements included in (c) acquired historian variety of conservation easements included in (c) acquired historian variety of conservation easements included in (c) acquired historian variety of conservation easements included in (c) acquired historian variety of conservation easements in cluded in (c) acquired historian variety of conservation easements in cluded in (c) acquired historian variety of conservation easements in cluded in (c) acquired historian variety of conservation easements in cluded in (c) acquired historian variety of conservation easements are conservation of conservation easements and conservation easements are conservation easements.	• •	
d	structure listed in the National Register	ulred after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transfer tax year	red, released, extinguished, or terminated by	the organization during the
ı	Number of states where property subject to conservat	ion easement is located 🕨	
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hold	the periodic monitoring, inspection, handling ds?	of violations,
;	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing co	
,	Amount of expenses incurred in monitoring, inspecting \$ \ \\$	g, handling of violations, and enforcing conser	vation easements during the year
3	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(ii)?		70(h)(4)(B)(i)
•	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financial state	nse statement, and
aı	t III Organizations Maintaining Collection		er Similar Assets.
-	Complete if the organization answered "Y If the organization elected, as permitted under FASB A	·	nt and halance shoot works of art
.a	historical treasures, or other similar assets held for pu Part XIII, the text of the footnote to its financial stater	blic exhibition, education, or research in furth	
b	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for pu following amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line 1		▶\$
	i)Assets included in Form 990, Part X		·
	If the organization received or held works of art, history		
_	following amounts required to be reported under FASB	3 ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		🟲 🤊

Schedule D (Form 990) 2021

2		Overnientiana Maintainina Call	antiana of Aut Iliatau	issi T		au Othau Cins	las Assats (- t't)
	t III	Organizations Maintaining Coll						
3		the organization's acquisition, accession (check all that apply):		any of	the followin	g that are a signi	ficant use of its co	llection
а		Public exhibition	d		Loan or ex	change programs		
b		Scholarly research	е		Other			
C		Preservation for future generations						
4	Provid Part X	le a description of the organization's coll III.	ections and explain how th	ey furt	her the orga	nization's exempt	purpose in	
5		g the year, did the organization solicit or s to be sold to raise funds rather than to					☐ Yes	□ No
Par	t IV	Escrow and Custodial Arrangel Complete if the organization answ line 21.), Part	IV, line 9,	or reported an	amount on For	m 990, Part X
La		organization an agent, trustee, custodia ed on Form 990, Part X?					· · □ Yes	□ No
L	T£ "\/o	a " avalain the arrangement in Dart VIII	and complete the following	. tabla.			Amount	
b		s," explain the arrangement in Part XIII				1.	Alliount	
с	Begin	ning balance				1c		
d	Additi	ons during the year				1d		
е	Distril	outions during the year				1e		
f	Endin	g balance				1f		
2a	Did th	ie organization include an amount on Foi	m 990. Part X. line 21. for	escrov	v or custodia	ıl account liability	? \(\tag{Ves}	□ No
b		s," explain the arrangement in Part XIII.						_ 1 10
			Check here ii the explanat	.ioii iias	been provid	Jeu III Part XIII		
Ра	rt V	Endowment Funds. Complete if the organization answ	ered "Ves" on Form 990) Dart	T\/ line 10			
		Complete if the organization answ		Prior yea			hree years back (e) Four years back
la	Beainni	ing of year balance	250,379		1,105	199,484	219,627	201,748
	_	utions			,	11, 1	- , ,	
			31,630	3	2,139	25,065	-5,630	30,81
		estment earnings, gains, and losses	32/000	-		237000	37030	
		or scholarships						
		expenditures for facilities ograms					10,922	10,087
f	Admini	strative expenses			2,865	3,444	3,591	2,845
g	End of	year balance	282,009	25	0,379	221,105	199,484	219,627
2	Provid	le the estimated percentage of the curre	nt year end balance (line 1	.g, colu	mn (a)) held	d as:		
а	Board	designated or quasi-endowment > 1	.00.000 %					
h	Perma	anent endowment 🕨						
c	Term	endowment 🕨						
		ercentages on lines 2a, 2b, and 2c shoul	d equal 100%.					
3a	Are th	nere endowment funds not in the possessization by:	·	at are h	eld and adm	ninistered for the		Yes No
	-	related organizations					3a(i	
		elated organizations		• •		-	3a(i	-
b		s" on 3a(ii), are the related organization					3b	-
1		ibe in Part XIII the intended uses of the	•		- · ·	· · ·		
	t VI	Land, Buildings, and Equipmen						
ı al	CAT	Complete if the organization answ). Part	IV. line 11	a. See Form 90	0. Part X. line	10.
	Descri	ption of property (a) Cost or oth (investment)	er basis (b) Cost or other			Accumulated deprec		Book value
la	Land							
b	Building	gs						
		old improvements						
		ent						
		+			2 110		2 110	
		ince to through to (Column (d) must a	aval Form 000 Post V	una = 75	2,110	,	2,110	
ota	ı. Add l	ines 1a through 1e. (Column (d) must e	uuai rorm 990. Pärt X. COll	ımn (B	i. iine TU(C)	. ,	1	

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" on Form 990 (a) Description of security or category	(b)		(c) Method of valuation:
(including name of security)	Book value		et or end-of-year market value
1) Financial derivatives			
(2) Closely-held equity interests	-		
A)			
В)			
C)			
D)			
E)			
F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990) Part IV	line 11c See Fo	orm 990 Part X line 13
(a) Description of investment	,, , , , , , , , , , , , , , , , , , , ,	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
(1)			, , , , , , , , , , , , , , , , , , , ,
2)			
(3)			
4)			
(5)			
(6)			
7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Þ		
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990,	, Part IV, I	ine 11d. See Fo	rm 990, Part X, line 15.
(a) Description	,		(b) Book valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			•
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on Form 990,	Do 11 / 1	ina 11 1150	200 Form 000 David V 11 25

(1) reuerai income taxes			1	
				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		•	
2. Liability for uncertain tax positions. In Part >	(III, provide the text of the footnote	to the organization's financial	statements that rep	orts the
organization's liability for uncertain tax position	ıs under FIN 48 (ASC 740). Check h	ere if the text of the footnote h	nas been provided in	Part XIII 🔽
			Schedule D (Fo	orm 990) 2021
	——————————————————————————————————————			
Schedule D (Form 990) 2021				5.4
,	per Audited Financial State	manta With Davanua na	r Dotum	Page 4
	answered 'Yes' on Form 990, Pa		r keturn.	
Total revenue, gains, and other support			1	
2 Amounts included on line 1 but not on Fo	•			
a Net unrealized gains (losses) on investm	·	2a		
b Donated services and use of facilities .		2b		
c Recoveries of prior year grants		2c		
d Other (Describe in Part XIII.)		2d	 	
		Zu		
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	
4 Amounts included on Form 990, Part VIII		1 4- 1		
a Investment expenses not included on Fo	, ,	4a		
b Other (Describe in Part XIII.)		4b		
c Add lines 4a and 4b			4c	
Total revenue. Add lines 3 and 4c. (This		•	5	
Part XII Reconciliation of Expense	s per Audited Financial State answered 'Yes' on Form 990, Pa		er Return.	
Total expenses and losses per audited fir	,	ait IV, iiile 12a.	1	
2 Amounts included on line 1 but not on Fo			-	
a Donated services and use of facilities .		2a		
b Prior year adjustments		2b		
		2c		
d Other (Describe in Part XIII.)		2d	- - .	
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	
4 Amounts included on Form 990, Part IX,		1 1		
a Investment expenses not included on Fo	, ,	4a		
b Other (Describe in Part XIII.)		4b		
c Add lines 4a and 4b			4c	
Total expenses. Add lines 3 and 4c. (This	s must equal Form 990, Part I, line I	18.)	5	
Part XIII Supplemental Informati	on			
Provide the descriptions required for Part II, I			Part V, line 4; Part X,	line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b	. Also complete this part to provide	any additional information.		
Return Reference		Explanation	n	
PART V, LINE 4:		TED NET ASSETS GENERATE IN		
PART X, LINE 2:		THE ACCOUNTING PRINCIPLES		
	THE FINANCIAL STATEME	IE TAXES AND HAS DETERMINE ENTS. WITH SOME EXCEPTION COME TAX EXAMINATIONS BY	S, FAC IS NO LONGE	R SUBJECT TO U.S.

Additional Data Return to Form

ObjectId: 202223149349303602 - Submission: 2022-11-10

TIN: 33-0308483

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2021

Department of the Treasury nternal Revenue Service			organizati Go to <i>www.i</i>		Open to Public Inspection				
	ne of the organization ST AMENDMENT COALI	TION						Employer ide	ntification number
111	THE NOTICE OF CORE	.11011						33-0308483	
Pa		_	•	_		answered "Yes" on F	orm 990,	Part IV, line 1	7.
	Form 990-E	Z filers	are not required to	o comple	ete this p	oart.			
1	Indicate whether the	e organiz	ation raised funds th	rough an	y of the fo	ollowing activities. Chec	k all that a	pply.	
а	Mail solicitations				е	Solicitation of no	n-governm	ent grants	
b	Internet and ema	ail solicita	ations		f	Solicitation of go	vernment (grants	
c	Phone solicitation	าร			g	Special fundraisi	ng events		
d	In-person solicita	ations							
2a						ridual (including officers n with professional fund		· • • —	s 🗹 No
b	If "Yes," list the 10 h to be compensated a				draisers)	pursuant to agreements	s under wh	ich the fundraise	ris
(i)	Name and address of in or entity (fundraise		(ii) Activity	fundrai cust cont) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or r	nount paid to etained by) aiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	HOLLY MILLION		FUNDRAISING	Yes	No				_
	4200 PARK BLVD 544		IONDICATORING		No		0	83,333	0
	OAKLAND, CA 94602							,	
				1					
									_
「ot≀	al				.▶			83,333	
	List all states in which licensing.	the orga	nization is registered	d or licens	sed to soli	cit contributions or has	been notif	ied it is exempt f	rom registration or
CA									
or	Paperwork Reduction A	ct Notice,	see the Instructions	for Form			o. 50083H	Sc	hedule G (Form 990) 2021
					—— Ра	ge 2 ————			

gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts. 2 Less: Contributions. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages **8** Entertainment **9** Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add col. (a) Bingo (c) Other gaming bingo/progressive bingo (a) through col.(c)) **1** Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs Other direct expenses ☐ Yes % Yes % ☐ Yes % 6 Volunteer labor No ■ No ☐ No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d). 9 Enter the state(s) in which the organization conducts gaming activities:_ Is the organization licensed to conduct gaming activities in each of these states? . ☐ Yes ☐ No If "No," explain: . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain:

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

	Page 3	
Sche	edule G (Form 990) 2021	Page 3
11	Does the organization conduct gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	
15a	revenue?	No
b	If "Yes," enter the amount of gaming revenue received by the organization \(\) \(\) \(\) \(\) \(\) \(\) and the amount of gaming revenue retained by the third party \(\) \(
c	If "Yes," enter name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation ► \$	
	Description of services provided	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \(\bigsir \) \$	110
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruc	

Explanation

Additional Data

Return Reference

Return to Form

Schedule G (Form 990) 2021

efile Public Visual Render ObjectId: 202223149349303602 - Submission: 2022-11-10

TIN: 33-0308483

Schedule J

(Form 990)

Compensation Information

OMB No. 1545-0047

Open to Public

Department of the Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

	ame of the organization Emp	oloyer identificat	ion nu	ımber	
FIRS	RST AMENDMENT COALITION	308483			
Do		300403			
Pa	art I Questions Regarding Compensation			Yes	l Na
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these ite			res	No
	First-class or charter travel Housing allowance or residence for personal ravel for companions Payments for business use of personal ravel.				
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fer				
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur,	chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .	or	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all				
_	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a:		2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Par	t III.			
	☐ Compensation committee ☐ ☐ Written employment contract				
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation or compensatio				
4 a	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing or related organization: Receive a severance payment or change-of-control payment?	rganization or a	4a		No
ь		•	4b		No
c			4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:				
а	The organization?		5a		No
b	,		5b		No
	If "Yes," on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:				
а	The organization?		6a		No
b	Any related organization?		6b		No
	If "Yes," on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," described in Part III	e	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regu 53.4958-6(c)?	lations section	9		INU
For I	Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053	Schedule J	(Form	990)	2021

Schedule J (Form 990) 2021

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

Pert II Officers, Directors, Trustees, Key Employees, and Highest Compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. Page 2

Page 2 -

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 DAVID SNYDER EXECUTIVE DIRECTOR	(i)	140,000	0	0	7,500	20,798	168,298	0
	(ii)	0	0	0	0	0	0	0
	l					i		

	l	1		Ī	1	Ī	Ī	ĺ
						9	Schedule J (Fo	orm 990) 2021
		Р	age 3 ———					
edule J (Form 990) 2021								Page 3
rt III Supplemental Information								
vide the information, explanation, or descriptions re	quired for Part I, lines 1a,	1b, 3, 4a, 4b, 4c, 5	ia, 5b, 6a, 6b, 7, a	and 8, and for Part	II. Also complete	this part for any	additional info	rmation.
Return Reference			E	kplanation				
						9	Schedule J (Fo	orm 990) 2021
Additional Data								

Additional Data Return to Form

ObjectId: 202223149349303602 - Submission: 2022-11-10

TIN: 33-0308483

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

LINE 19

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ.

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

2021

Open to Public Inspection

Name of the organization FIRST AMENDMENT COALITION

Employer identification number

33-0308483

Return
Reference

Explanation

FORM 990. PART VI, SECTION B. LINE 11B FORM 990. THE ORGANIZATION'S ACTIVITIES ARE NOT OF A KIND THAT ARE LIKELY TO GIVE RISE TO CONFLICTS OF INTEREST. PART VI. HOWEVER, OFFICERS, DIRECTORS AND THE KEY EMPLOYEE ARE EXPECTED TO DISCLOSE CONFLICTS OF INTEREST SECTION B. WHENEVER THEY ARISE. LINE 12C FORM 990, COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED AND APPROVED BY THE ENTIRE BOARD OF PART VI. DIRECTORS. THE DATA CONSIDERED COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN SECTION B. COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS TO A LIMITED EXTENT. COMPENSATION FOR OTHER EMPLOYEES IS DETERMINED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF LINE 15 DIRECTORS.LAST DONE IN 2021. FORM 990. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL PART VI, STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. SECTION C.

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

Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data Return to Form