			EXTENDED TO NOVEMBER 15,			
	0	00	Return of Organization Exempt Fr	rom Ir	ncome Tax	OMB No. 1545-0047
Form	n 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	ode (exc	ept private foundation	s) 2021
-		4 H . T	Do not enter social security numbers on this form as	s it may b	e made public.	Open to Public
		of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and to	the latest	information.	Inspection
AF	or the	e 2021 calend	ar year, or tax year beginning and er	nding		
Boa	heck if	e: C Name o	forganization		D Employer identific	cation number
_	Addre		D. WOW			
	chang	e COOL	D YOU		26 17200	0.0
-	_chang		usiness as	1	26-173990	
-	Final		and street (or P.O. box if mail is not delivered to street address) Ro SOUTH BROADWAY, UNIT A7	oom/suite	E Telephone number 917-796-1	
	l return/ termin		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	281,863.
	Amen	ded made	YTOWN, NY 10591		H(a) Is this a group re	
-	Applic tion		nd address of principal officer: CHRISTINE GARDE DENN	NING	for subordinates	
_	pendir			056	H(b) Are all subordinates in	
IT	ax-exe	empt status:				list. See instructions
			COULDYOU.ORG		H(c) Group exemption	
			X Corporation Trust Association Other >	L Year		State of legal domicile: NY
	nrt I	Summary				
	1	Briefly describ	be the organization's mission or most significant activities: COULD	YOU?	MOBILIZES, E	EQUIPS AND
nce		TEACHES	INDIVIDUALS HOW TO IMPACT AND ALLE	VIATE	POVERTY RE	LATED
rna	2	Check this bo	x if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	ets.
ove					3	8
8			dependent voting members of the governing body (Part VI, line 1b)			7
Activities & Governance			of individuals employed in calendar year 2021 (Part V, line 2a)			1 1 2 2
ivit			of volunteers (estimate if necessary)			100
Act						0.
-	D	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
	8	Contributions	and grante (Part)/III line 1h)		Prior Year 236,573.	Current Year 276,284.
eni			and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		230,373.	0.
Revenue			ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		1.	0.
Re			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24.	4,915.
_			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		236,598.	281,199.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			to or for members (Part IX, column (A), line 4)		0.	0.
s			r compensation, employee benefits (Part IX, column (A), lines 5-10)		92,269.	45,277.
nse			undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25)	7.		
Û			es (Part IX, column (A), lines 11a-11d, 11f-24e)		209,787.	206,667.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		302,056.	251,944.
	19	Revenue less	expenses. Subtract line 18 from line 12		-65,458.	29,255.
t Assets or of Balances	-			Beg	inning of Current Year	End of Year
sset	20		Part X, line 16)		42,671.	103,828.
Net A			(Part X, line 26)		7,227.	39,129.
_	22 rt II	Signature	fund balances. Subtract line 21 from line 20		35,444.	64,699.
_		-	I declare that I have examined this return, including accompanying schedules a	nd stateme	ate and to the hest of my	knowledge and helief it is
			Declaration of preparer (other than officer) is based on all information of which			Knowledge and beller, it is
	UUITUU	N Complete.	TAXPAYER'S COPY	in proparor	as any knowledge.	
Sigr		Signature	e of officer		Date	
Here		CHRI	STINE GARDE DENNING, EXECUTIVE DIRE	CTOR		
			print name and title			
		Print/Type pre	parer's name Preparer's signature	D	ate Check	PTIN
Paid			ARLSEN, CPA		if self-employe	P00239571
Prep	arer		BRABO & CARLSEN, LLP		Firm's EIN 🕨	33-0306529
Use	Only	Firm's address	▶ 1111 E TAHQUITZ CNYN WAY, #203			
	_		PALM SPRINGS, CA 92262-		Phone no. 76	0-320-0848
_			s return with the preparer shown above? See instructions			X Yes No
13200	01 12-08 S		For Paperwork Reduction Act Notice, see the separate instructions DULE O FOR ORGANIZATION MISSION STA		T CONTINUAT	Form 990 (2021)

Form	990 (2021) COULD YOU 26-1739900 Page
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: COULDYOU?'S CHARITABLE PURPOSE IS TO MOBILIZE, EQUIP AND TEACH INDIVIDUALS TO CONTRIBUTE THEIR RESOURCES AND TALENTS TOWARDS CREATING LONG-TERM SOLUTIONS TO IMPACT AND ALLEVIATE POVERTY RELATED FACTORS SUCH AS PERIOD POVERTY AND MALARIA.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$) (Revenue \$)
4b	(Code:) (Expenses \$ 109,210. including grants of \$) (Revenue \$
	MINISTRIES OF HEALTH IN GHANA, UGANDA AND LIBERIA, DOING ACCEPTABILITY TRIALS WITH THE REPELLENT WHERE PEOPLE AND GOVERNMENTS ARE DESPERATE FOR A MORE SUSTAINABLE SOLUTION IN THE FIGHT AGAINST INSECT-BORNE DISEASES.
4c	(code:)(Expenses \$1,565. including grants of \$)(Revenue \$_Revenue \$_Revenue \$_Revenue \$_Revenue \$_Revenue \$_Reven
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 217,093.

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Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		x
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? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5		5		x
0	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		-
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		•
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	-		
	as applicable.			
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		X
d	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	1 3	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
2	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		x
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? /f "Yes, " complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	-	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10		18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		
19		19		x
00-	complete Schedule G, Part III	19 20a	_	X
		20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic soveriment on Part IX, column (A), line 12, if IV as II complete Schedule I, Date I cond II.	21		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	121	000	

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Form 990 (2021)

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Pa	t IV Checklist of Required Schedules (continued)			
		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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		X
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		X
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		X
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		X
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? If "Yes," complete Schedule L, Part III	27		X
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):	1		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes, " complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		х
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	1.1	X
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		X
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	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		1	
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.		
	(gambling) winnings to prize winners?	1c	Х	

(gambling) winnings to prize winners?

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	990 (2021) COULD YOU 26-1739	900	P	age 5
Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		. 0	
	filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country MOZAMBIQUE			
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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		X
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		X
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		11	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1	-
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	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	÷.,		
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			-
	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		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1.2	
	Note: See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the	100.0	1.1	
	organization is licensed to issue qualified health plans			51 1
	Enter the amount of reserves on hand		-	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	A
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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	1-		x
	excess parachute payment(s) during the year?	15		A
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Δ
	If "Yes," complete Form 4720, Schedule O.			-
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	1	
	If "Yes," complete Form 6069.	4		

COULD YOU

Form	990 (2021) COULD YOU 26-1739			age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" n	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a8			
	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 on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	-
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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		17	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	on Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	•	X
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent		- 23	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		x
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	-	A
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		x
	taxable entity during the year?	16a		A
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		() ()	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b	-	
500	exempt status with respect to such arrangements?	IOD		L
	tion C. Disclosure	-		
17	List the states with which a copy of this Form 990 is required to be filed NY	(vlao	availal	ble
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection, Indicate how you made these available. Check all that apply	s only)	availd	510
	for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website X Another's website X Upon request X Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the organization made its governing documents, conflict of interest policy, and the	finan	ial	
19				
00	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	THE ORGANIZATION - 917-796-1961		-	
	330 SOUTH BROADWAY, UNIT A7, TARRYTOWN, NY 10591			
_	So booth biombining out and			

Form 990 (2021)	COULD YOU	26-1739900	Page 7
Part VII Con	mpensation of Officers, Directors, Trustees, Key Employees, Highe	st Compensated	
Em	ployees, and Independent Contractors		
Chec	ck if Schedule O contains a response or note to any line in this Part VII		
Section A. Offi	ficers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this	is table for all persons required to be listed. Report compensation for the calendar year e	ending with or within the organization's	tax year.

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

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson i	than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CHRISTINE GARDE DENNING	40.00									
EXECUTIVE DIRECTOR				X		-		47,000.	0.	0.
(2) GERALDINE BEATY	5.00									
CHAIR		X		X				0.	0.	0.
(3) STEPHEN HAGERMAN DIRECTOR	1.00	x						0.	0.	0.
(4) ANDREW RIPLEY	1.00									
TREASURER		X		X				0.	0.	0.
(5) WHYNDE KUEHN	1.00									
SECRETARY		Х		X				0.	0.	0.
(6) ANURADHA CHADDAH	3.00									
DIRECTOR		X						0.	0.	0.
(7) JESSICA ANDERSON	1.00									
DIRECTOR		X						0.	0.	0.
(8) ART HOOKER	1.00									
DIRECTOR		X		-	-			0.	0.	0.
(9) SHARON O'LEARY	3.00								0	
DIRECTOR		X						0.	0.	0.

	990 (2021) COULD Y	UC		_			_			26-17	399	00	P	age 8
Pa	t VII Section A. Officers, Directors, Tr	ustees, Key Emp	oloy	ees,	and	t Hig	ghes	t Co	mpensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless parson is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	n amount other		ount	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		orga	nizat relat	ion tion
											_			
_														
1b c	Subtotal Total from continuation sheets to Part								47,000.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but							> rec	47,000. ceived more than \$100,	000 of reportable	0.			0.
_	compensation from the organization					_							Yes	No
3	Did the organization list any former offic	er, director, truste	ee, k	юу е	mpl	оуе	e, or	high	nest compensated empl	oyee on	Γ		Tes	NO
	line 1a? If "Yes," complete Schedule J for										[3	_	Х
4	For any individual listed on line 1a, is the and related organizations greater than \$1			-						-	ŀ	4		X
5	Did any person listed on line 1a receive o										þ	-		
0	rendered to the organization? If "Yes." co	omplete Schedule	Jf	or su	ich r	pers	on .					5		Х
1	tion B. Independent Contractors Complete this table for your five highest of	compensated ind	epe	nder	nt co	ontra	actor	s th	at received more than \$	100 000 of comp	ensati	on from	m	
	the organization. Report compensation for		-											
	(A) Name and busine	ss address	N	ONE	3				(B) Description of s	ervices	Co	(C) ompen		n
			_					_						
			-			-								
2	Total number of independent contractors \$100,000 of compensation from the orga		ot lin	nited	to t	thos		ted a	above) who received mo	ore than				

orm	990	0 (2			YOU					26-1739	900 Page
Par	ŧ۷	711	Statement of Re	ven	ue						
and the second distance of the second distanc			Check if Schedule O	conta	ins a respo	onse	or note to any line	in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
n n	1	a	Federated campaigns		1a			all and a second second		N	
an			Membership dues						1	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
BB			Fundraising events			-					
Contributions, Gitts, Grants and Other Similar Amounts			Related organizations						1.1.5		
nila		0	Government grants (cont				19,790.				
Sin		f	All other contributions, gifts,		/						
in in			similar amounts not included				256,494.				
₿₿		~	Noncash contributions included in			¢				1.5	
5 P		-	Total. Add lines 1a-1f			Ψ		276,284.			
0		n	Total. Add lines 1a-11				Business Code	210,204.			
	-						Business Code				
Ce		a				_					
ne		b							-		
len a		C									
Bey		d		_		_					
Program Service Revenue		e				_					
-			All other program service								
\rightarrow	_	g	Total. Add lines 2a-2f								
	3		Investment income (inclue								
- 1			other similar amounts)								
	4		Income from investment of	-exempt bo	ond p	oroceeds					
	5		Royalties								
					(i) Rea	ul	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							10 12
			Net rental income or (loss								
			Gross amount from sales of	″ <u> </u>	(i) Securi		(ii) Other				1
		-	assets other than inventory	7a					Constant of the second		1.1.1.1.1
		ь	Less: cost or other basis	14							
0			and sales expenses	76						Provide a line of	
venue		-									1
			Gain or (loss)							1	
Ĩ			Net gain or (loss)				····· P				
Other He	8	a	Gross income from fundraisi	-					1. 1. 1. 1. 1.		
P			including \$						1.1-1.5-4		
			contributions reported on						11 K.S. 15 35 15	1.1.1	
			Part IV, line 18								1.1.12. 3
			Less: direct expenses						and the second		
			Net income or (loss) from		+		►				
	9	a	Gross income from gamin	ng act	tivities. See	•			ST THE REAL PROPERTY AND		
			Part IV, line 19			9a			71.0		
		b	Less: direct expenses			9b					The second
		с	Net income or (loss) from	gami	ng activitie	s	▶				
	10	a	Gross sales of inventory,	less r	eturns				A REPORT OF A DAY		
			and allowances			10a	5,400.			1.1.1.1.1.1.1.1.1	
		b	Less: cost of goods sold				664.		abul binner in		
			Net income or (loss) from					4,736.	4,736.		
							Business Code		Sugar Cart	State States	
	11	а	MISCELLANEOUS	R	EVENUE	2	518210	179.	179.		
Revenue		b									
Ne		c	etter.								
Revenue			All other revenue								
			Total. Add lines 11a-11d					179.			
	-		Total revenue. See instruction					281,199.	4,915.	0.	0

	Check if Schedule O contains a respons		his Part IX		X
	not include amounts reported on lines 6b, 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				the second se
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			10 2 2 2	
	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				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	42 000	22 605	4 104	1 211
7	Other salaries and wages	42,000.	33,605.	4,184.	4,211
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,277.	2,622.	326.	329
10	Payroll taxes	5,211.	2,022.	520.	545
11	Fees for services (nonemployees):				
a					
b		1,580.		1,580.	
	Accounting	1,500.		1,500.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
y	column (A), amount, list line 11g expenses on Sch 0.)	40,742.	30,186.	9,527.	1,029
12	Advertising and promotion	10,498.	10,498.	5,527.	1,025
13	Office expenses	12,593.	3,866.	8,285.	442
14	Information technology	910.	90.	820.	
15	Royalties				
16	Occupancy	7,920.	7,920.		
17	Travel	5,419.	3,256.	1,580.	583
18	Payments of travel or entertainment expenses		.,	-/	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,957.	2,002.	152.	1,803
20	Interest	445.	445.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	502.	502.		
23	Insurance	2,548.	2,548.		
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				10- 10- 11-
-	amount, list line 24e expenses on Schedule 0.)	79,369.	79,369.		
b	DITUTI ODVIDUT	29,840.	29,840.		
C	MENOMOTIAT OTIDO	8,779.	8,779.		
d	TOTAL TALADOR TO ANTO A	1,565.	1,565.		
-	All other expenses	1,000.	2,0001		
25	Total functional expenses. Add lines 1 through 24e	251,944.	217,093.	26,454.	8,397
26	Joint costs. Complete this line only if the organization				0,001
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021) COULD YOU
Part IX Statement of Functional Expenses

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Balance Sheet	
Check if Schedule O contains a response or note to any line in this Part X	

COULD YOU

		Check if Schedule O contains a response or not	o to arry m		(A) Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing			37,170.	1	95,063.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit	ied persor				
		under section 4958(f)(1)), and persons described				6	
\$	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			5,000.	9	8,765.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,625.	and a second	1.	
	b	Less: accumulated depreciation		3,625.	501.	10c	0.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15					15	
	16	Total assets. Add lines 1 through 15 (must equa			42,671.	16	103,828.
	17	Accounts payable and accrued expenses	2,227.	17	3,089.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of S	chedule D		21	
S	22	Loans and other payables to any current or form	er officer,	director,			
Liabilities		trustee, key employee, creator or founder, subst	antial cont	ributor, or 35%		112 -	1
abi		controlled entity or family member of any of thes	e persons			22	
Ξ	23	Secured mortgages and notes payable to unrela	ted third p	arties		23	
	24	Unsecured notes and loans payable to unrelated	third part	ies		24	
	25	Other liabilities (including federal income tax, pay	ables to r	elated third			
		parties, and other liabilities not included on lines	17-24). Co	omplete Part X			
		of Schedule D			5,000.		36,040.
_	26	Total liabilities. Add lines 17 through 25			7,227.	26	39,129.
		Organizations that follow FASB ASC 958, che	ck here	X	The second second	1 1	
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			35,444.	27	64,699.
Net Assets or Fund Balances	28	Net assets with donor restrictions				28	
		Organizations that do not follow FASB ASC 9		1-			
Ē		and complete lines 29 through 33.		L		Sec. Se	
s o	29	Capital stock or trust principal, or current funds				29	
sel	30	Paid-in or capital surplus, or land, building, or eq				30	
t As	31	Retained earnings, endowment, accumulated inc				31	
Ne	32	Total net assets or fund balances			35,444.	32	64,699.
_	33	Total liabilities and net assets/fund balances			42,671.	33	103,828.

Form 990 (2021)

Form 990 (2021)	
Part X	Ba	an

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 281,199. 2 Total expenses (must equal Part X, column (A), line 25) 2 251,944. 3 29,255. 4 Net unrealized gains (bases) on investments 5 4 Donated services and use of facilities 6 6 7 Investment expenses 7 7 8 Pitor period adjustments 8 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 64, 699. Part XII Financial Statements and Reporting 1 Check if Schedule O contains a response or note to any line in this Part XII 1 64, 699. Check if Schedule O contains a response or note to any line in this Part XII 1 2a X 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 1 Accounting method used to accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 9	Form	990 (2021) COULD YOU	26-1739	900	Pag	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 281, 199. 2 Total expenses (must equal Part IX, column (A), line 25) 2 251, 944. 3 29, 255. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 35, 444. 5 Net unrealized gains (losses) on investments 6 6 6 0 7 6 7 8 6 6 7 8 7 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Kassets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 64, 699. Part XII Financial Statements and Reporting 10 64, 699. Check if Schedule O contains a response or note to any line in this Part XII 10 2a X 11	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 251,944. 3 Revenue less expenses. Subtract line 2 from line 1 3 29,255. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 35,444. 5 Net uncalized gains (losses) on investments 6 6 6 Donated services and use of facilities 7 6 7 novestment expenses 7 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 64,699. Part XII Financial Statements and Reporting 10 64,699. 2a X 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 1 Accounting method used to prepare the Form 990: X Cash		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 251,944. 3 Revenue less expenses. Subtract line 2 from line 1 3 29,255. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 35,444. 5 Net uncalized gains (losses) on investments 6 6 6 Donated services and use of facilities 7 6 7 novestment expenses 7 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 64,699. Part XII Financial Statements and Reporting 10 64,699. 2a X 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 1 Accounting method used to prepare the Form 990: X Cash						
3 29,255. 4 35,444. 5 4 4 35,444. 5 5 6 6 7 7 8 6 7 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0 0ther changes in net assets or fund balances (explain on Schedule O) 9 0 0ther changes in net assets or fund balances (explain on Schedule O) 9 0 0ther changes in net assets or fund balances (explain on Schedule O) 9 0 0ther changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 64,699. PartXIII Financial Statements and Reporting	1	Total revenue (must equal Part VIII, column (A), line 12)	1		_	
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 35,444. 5 Net unrealized gains (losses) on investments 6 Ocnated services and use of facilities 7	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 6 6 7 6 7 7 8 7 9 0.1 9 0.1 9 0.1 9 0.1 9 0.1 9 0.1 9 0.1 10 64,699. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X 2a Ware the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X 16 Yes, "check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, o	3	Revenue less expenses. Subtract line 2 from line 1	3		-	
a Donated services and use of facilities 6 7 7 8 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (8)) 10 Fart XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII 10 6 Cash Accrual Other 11 Accounting method used to prepare the Form 990: X Cash Accrual Other 11 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 11 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 11 Accounting financial statements compiled or reviewed by an independent accountant? 2a X 11 Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X 11 Mere the organization's financial statements and selection of an independent accountant? 2b <td>4</td> <td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td> <td>4</td> <td>35</td> <td>, 44</td> <td>44.</td>	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35	, 44	44.
Investment expenses 7 8 Prior period adjustments 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 64, 699. Part XII Financial Statements and Reporting 10 64, 699. Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the finan	5	Net unrealized gains (losses) on investments	5			_
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 64 , 699. Part XII Financial Statements and Reporting 10 64 , 699. Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Separate basis Consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both:	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 64,699. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b 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 were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," tokek a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organiz	7		7			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 64,699. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 2 Cash Accounting method used to prepare the Form 990: 2 Cash Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b 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 were compiled or reviewed on a separate basis. b 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 were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Both consolidated and separate basis c If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	8	Prior period adjustments	8			
column (B)) 10 64,699. Part XII Financial Statements and Reporting	9		9		_	0.
column (B)) 10 64,699. Part XII Financial Statements and Reporting	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII			10	64	, 6	99.
Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other Image: Construct the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate basis Both consolidated and separate basis 2c 2c If "Yes," the basis Consolidated basis Both consolidated and separate basis 2c 2c If "Yes," tok ine 2a or 2b, does the	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: X Cash Accrual Other Image: Construction of the second		Check if Schedule O contains a response or note to any line in this Part XII				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis	1		0.		Yes	No
separate basis, consolidated basis, or both: Separate basis 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 were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Separate basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Separate basis Consolidated basis <	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis Image:		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:				
consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	b	Were the organization's financial statements audited by an independent accountant?		2b		Х
 Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a Act and OMB Circular A-133? 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	c					
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Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b						
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Act and OMB Circular A-133?		3a		x
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

SCHEDULE A	Public Charity Status and Public Support
(Form 990)	Complete if the organization is a section 501(c)(3) organization or a section
	4947(a)(1) nonexempt charitable trust.
Department of the Treasury	Attach to Form 990 or Form 990-EZ.
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service				 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 						Open to Public Inspection
Nan	ne of t	the organizati	on							identification number
-				D YOU						6-1739900
	irt I				(All organizations must c			ee instruction	S.	
The	organ				For lines 1 through 12, cl					
1					on of churches described		n 170(b)(1)(A)(i).		
2					(Attach Schedule E (Form		and Sector			
3					anization described in se			-		
4				ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and stat	Terre a							
5					llege or university owned	or operat	ed by a go	vernmental u	nit describe	ad In
	—			Complete Part II.)	the state of the set for		TO D. MANAN			
6	\square				mental unit described in					aublic described in
7					intial part of its support fr	om a gove	ernmental l	unit or from t	le general	public described in
0				omplete Part II.)	(1)(A)(ui) (Complete Par	11.				
8	H				(1)(A)(vi). (Complete Par in section 170(b)(1)(A)(ed in coniu	nction with a	land-grant	college
9					culture (see instructions).					
		university:	or a normanury	grant coneye or agric	sulture (and instructiona).		name, eny,	and state of	the conege	
10	X		ion that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	s membersh	ip fees, an	d gross receipts from
		-			ct to certain exceptions; a					
					(less section 511 tax) fro					
				mplete Part III.)	,,,,					
11		An organizati	ion organized a	and operated exclus	ively to test for public sat	ety. See	section 50)9(a)(4).		
12		An organizat	ion organized a	and operated exclus	ively for the benefit of, to	perform t	he function	ns of, or to ca	rry out the	purposes of one or
		more publicly	y supported or	ganizations describe	ed in section 509(a)(1) of	r section	509(a)(2).	See section	509(a)(3).	Check the box on
	_	lines 12a thro	ough 12d that	describes the type of	of supporting organization	and com	plete lines	12e, 12f, and	12g.	
a					supervised, or controlled					
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority of	of the direc	tors or truste	es of the s	upporting
	_	_		complete Part IV, S						
b					d or controlled in connect					
				and the second se	anization vested in the sa	ame perso	ns that coi	ntrol or mana	ge the sup	ported
		_			Sections A and C.		tion with a	and functions	lly intogratu	ad with
C	; [ng organization operated				ily integrate	ed with,
c			-		S). You must complete I porting organization oper				ted organi	zation(s)
	L			-	zation generally must sat				-	
			-		mplete Part IV, Sections					
e					written determination fro				II, Type III	
			•		nally integrated supporti					
1	Ente	er the number	of supported of	organizations						
9				about the support						
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount o support (see i		(vi) Amount of other support (see instructions)
		organization	n 		above (see instructions))	Yes	No	support (see i	istructions)	support (see instructions)
					-				.,	
_										
_										
Tot	al				1		1. 11			

	(Complete only if you checked fails to qualify under the tests				n failed to qualify t	under Part III. If the	organization
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				· · · · · · · · · · · · · · · · · · ·		
	on line 1 that exceeds 2% of the	1.2.200		1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	1.1		
	amount shown on line 11,					-	
	column (f)		and the second				
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			1			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				Sec. Sec. 1		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Public	c Support Per	centage				
14	Public support percentage for 2021 (li					14	
15	Public support percentage from 2020					15	
16a	33 1/3% support test - 2021. If the c	-					
	stop here. The organization qualifies						
t	33 1/3% support test - 2020. If the c	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Parl	VI how the organiz	zation
	meets the facts-and-circumstances te	•			-		
ł	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	supported organ	zation	►L

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

COULD YOU

Schedule A (Form 990) 2021

Part II

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

Schedule A (Form 990) 2021

26-1739900 Page 2

Schedule A (Form 990) 2021 COULD YOU Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	153,159.	549,693.	218,219.	236,573.	276,284.	1433928.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					5,400.	5,400.
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	153,159.	549,693.	218,219.	236,573.	281,684.	1439328.
7	a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
1	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						0.
	c Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1439328.
	ction B. Total Support	(a) 2017	(6) 2019	(c) 2019	(d) 2020	(e) 2021	(f) Total
	endar year (or fiscal year beginning in) Amounts from line 6	(a) 2017 153,159.	(b) 2018 549,693.	218,219.	236,573.	281,684.	1439328.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		7.	13.	1.		21.
1	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b		7.	13.	1.		21.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital			38.	24.	179.	241.
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	153,159.	549,700.		236,598.	281,863.	1439590.
	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third, t	fourth, or fifth tax y	year as a section 5	01(c)(3) organizatio	on,
0.0	check this box and stop here	o Cupport Dor	contago				
-	ction C. Computation of Publi		7	(f))		15	99.98 9
	Public support percentage for 2021 (I Public support percentage from 2020			:oiumn (i))		16	99.98 9
	ction D. Computation of Inves						
17	Investment income percentage for 20	21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	.00 %
18						18	9
19	a 33 1/3% support tests - 2021. If the	organization did n	ot check the box of	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar		•				► X
	b 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	

COULD YOU

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	edule A (Form 990) 2021 COULD YOU 20-1 rt IV Supporting Organizations (continued)	73990		
-	continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			-
	detail in Part VI.	11c		
See	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			-
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		1	-
	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,		1 .	
	supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
		_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			

or management of the supporting organization was vested in the same persons that controlled or managed

the supported organization(s). Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	10 1 m		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			-
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1.1.4
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the o	rganization used to satisfy	y the Integral Part Test during	the year	(see instructions).
---	---	-----------------------------	---------------------------------	----------	---------------------

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

C		The organization	supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	------------------	----------------------------------	-------------------------	-----------------	---------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- 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.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

Yes

No

chedule A (Form 990) 2021 COULD YOU	tine Orecent		26-1739900 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Support 1 Check here if the organization satisfied the Integral Part Test as a quarter			Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations	must complete S	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		-
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount	t.		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-funct		Type III supporting orga	anization (see
instructions).	, , , , , , , , , , , , , , , , , , , ,		

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 COULD YOU		-ttione		-1739900 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Organ	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pr		5		
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
_	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	From 2016				
	From 2017				
	From 2018			-	
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount			-	
	Carryover from 2016 not applied (see instructions)			-	
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,		1 A	-	
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				5.000 T
0	and 4b from line 1. For result greater than zero, explain in			-	
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
1					
0	and 4c. Breakdown of line 7:		12		
	Excess from 2017				
	Excess from 2017 Excess from 2018				
-	Excess from 2019 Excess from 2020				
	Excess from 2020			-	
e					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 COULD	YOU	26-1739900 Page 8
Part VI	Supplemental Information. F Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1: Part IV, Section D, lines 2 and 3	Provide the explanations required by Part II, line 10; Part II, line 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section E 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line V, Section E, lines 2, 5, and 6. Also complete this part for any	8, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,

OOTILDOLL D	SCH	EDU	JLE	D
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Department of the Treasury

(Form	990)
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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
2021
Open to Public
Inspection

Interna	Revenue Service Go to www.irs.gov/Form99	0 for instructions and the latest information	
Nam	e of the organization COULD YOU		Employer identification number 26-1739900
Par		Funds or Other Similar Funds or A	
rai	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advised fu	nds
0	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pa			
1	Purpose(s) of conservation easements held by the organizatio	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a c	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	-		
	Number of conservation easements on a certified historic stru		20
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	inization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
~	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and emorcing conservat	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	line of violations, and enforcing concervation of	accompate during the year
1	Amount of expenses incurred in monitoring, inspecting, nanda \$	ing of violations, and emotcing conservation e	sasements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170/b)/4/	RVi)
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
0	balance sheet, and include, if applicable, the text of the footne		
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treat		n, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sche Par	dule D (Form 990) 2021 COULD Y		t, Histo	orical Tre	easures, or	Other	Simila	26-17 r Assets			age 2
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that r	nake sig	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c		Loan or exc	hange program	n					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	lections and explain	how the	ey further th	ne organization	's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	on answered "Y	es" on	Form 99	0, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontribution	s or other asse	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII									_	
	in roo, oxplain the analysmont in raryan		i o ning ti						Amount		
0	Beginning balance						1c				
d	Additions during the year										
e	Distributions during the year										
T	Ending balance							L	Yes		No
	Did the organization include an amount on F						tyr	L	_ tes	-	
1 -	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete	Check here if the experimention of	cplanatio	n nas been	provided on P	Art Alli	0				-
rai	Lindowment i ands. Complete	(a) Current year		rior year	(c) Two years			years back	(a) Four	Veare	back
		(a) Current year	(0) P	nor year	(C) Two years	Dauk	(u) Thee	years Dack	(e) rour	year 5	Dauk
	Beginning of year balance										
	Contributions		-								
	Net investment earnings, gains, and losses										
d	Grants or scholarships									_	
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		%								
	Permanent endowment		_								
		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	and a design of the second	ation that	t are held a	nd administere	d for th	e organiz	ation			
	by:	Sector et alle etgenner							Г	Yes	No
	(i) Unrelated organizations								3a(i)		-
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as requir	ad on Se	bedule R2					3b		-
4	Describe in Part XIII the intended uses of the				•••••				001		
Par	t VI Land, Buildings, and Equipm		WITHON IN	unus.							
	Complete if the organization answere		Part IV	line 11a S	See Form 990	Part X	line 10				
							ccumulat	ad l	(d) Book		
	Description of property	(a) Cost or o basis (investr			t or other (other)		preciation		(d) BOOM	valu	9
1a	Land							1			
	Buildings								_		
	Leasehold improvements										
	Equipment				3,625.		3,6	25.			0.
	Other										
	Add lines 1a through 1e. (Column (d) must e		X colum	n (B) line 1	10c.)						0.
	in the second	and the second second second						Schedule	D (Form	990	2021

Schedule D (Form 990) 2021 COULD YOU		26-1739900 Pa
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (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 Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
ntal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LOAN PAYABLE	36,040.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	36,040.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 COULD YOU		26-1739900 Page
Part XI Reconciliation of Revenue per Audited Financ	ial Statements With Revenu	ie per Return.
Complete if the organization answered "Yes" on Form 990, F	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statem	1	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	and an a
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	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 VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		40
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part		
Part XII Reconciliation of Expenses per Audited Finan	cial Statements With Expen	ses per Return.
Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	20	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		1 × 11
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Par		
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; 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.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Attach to Form 990 or Form 990-EZ.

Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information. Inspection Employer identification number

26-1739900

OMB No. 1545-0047

Open to Public

COULD YOU

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FACTORS SUCH AS PERIOD POVERTY AND MALARIA.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FROM 990 AND ALL SUPPORTING SCHEDULES WILL BE REVIEWED BY THE BOARD OF

DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH RESOPNSIBLE PERSON SHALL ANNUALLY COMPLETE A CONFLICT OF INTEREST

DISCLOSURE FORM.

FORM 990, PART VI, SECTION C, LINE 18:

AVAIALBLE BY WRITTEN REQUEST, VIA GUIDESTAR, VIA CHARITIESNYS.COM

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS ARE AVAIALBLE THROUGH GUIDESTAR. ALL OTHER GOVERNING

DOCUMENTS ARE AVAIALBLE UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANT: 30,186. PROGRAM SERVICE EXPENSES 9,527. MANAGEMENT AND GENERAL EXPENSES 1,029. FUNDRAISING EXPENSES 40,742. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 40,742.