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ObjectId: 202311359349316866 - Submission: 2023-05-15

TIN: 59-2925271

OMB No. 1545-0047

Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

A For the 2021 catendar year, or tax year beighning 07-01-2021 and ending 06-30-2022 Clarge of organization Clarge	Internal	Reven	nue Service						
Solution and provided in the provided prov	A F	or th	ne 2021 c	alendar year, or tax year beginning 07-01-2021 , and endin	g 06-30	-2022			
Originates as a street (or P.O. box if mail is not delivered to street address) Charles of the property of the property of the powering body Charles	B Ch	eck if	applicable:				D Employer	identif	ication number
Doing business as				St Augustine Touth Services Inc			59-2925	271	
Number and street (or P.O. box if mail is not delivered to street	Add	ress	change	Doing business as					
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Amended return Comparison St. Augustine, Pt. 32086 G. Gross receipts \$ 6,145,520									
Particular properties F Name and address of principal officer:			nated				G Gross rec	eipts \$ 6	5,145,520
Particular properties F Name and address of principal officer:									
### Population pending F Name and address of principal officer: Schuyker Sietker 201 Simone Way 5t Augustine, FL 32086 3		ended	l return						
F Name and address of principal officer: Schuyker Sicriver 201 Simone Way Staugustine, FL 320886 Staugustine, FL		liontin							
Schuyker Sierker 201 Simone Way St Augustine, FL 32086			on .		141				
201 Simone Way St Augustine, FL 32086 Tax-exempt status: Status					1	H(a) Is this	a group retu	urn for	
Tax-exempt status:				•					/es Vo
Mebsite: ► https://www.sayskids.org/ Website: ► https://www.sayskids.org/ Learn of formation: 1988 Mestate of legal domicile: FL				The Average of the Av				S	Yes No
Nebsite: ► https://www.sayskids.org/ L Year of formation: 1988 M State of legal domicile: FL	I Ta	x-exe	empt status:	✓ 501(c)(3)				t. See i	
Part Summary				100-100		-			
Part Summary	J W	ebsi	te: > http	os://www.sayskids.org/					
Part Summary						L Vaar of forma	tion: 1088	M State	of legal domicile: FI
1 Briefly describe the organization's mission or most significant activities: To provide therapeutic services to youth in a residential environment. 2 Check this box ▶ 3 77 A Number of voting members of the governing body (Part VI, line 1a) 4 1 66 5 Total number of independent voting members of the governing body (Part VI, line 1b) 5 116 6 Total number of individuals employed in calendar year 2021 (Part VI, line 2a) 5 116 6 Total number of volunteers (estimate if necessary) 6 6 0 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7a 0 0 7b 0 0 8 Contributions and grants (Part VIII, line 1h) 3,194,494 2,417,680 9 Program service revenue (Part VIII, line 2g) 2,790,289 3,713,926 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 786 13,914 10 ther revenue (Part VIII, column (A), lines 3, 4, and 7d) 1 786 13,914 10 ther revenue (Part VIII, column (A), lines 3, 4, and 7d) 1 786 13,914 11 Other revenue (Part VIII, column (A), lines 1-3) 0 0 0 12 Total revenue—add lines 8 through 11 (must equal Part IVI, column (A), lines 1-3) 0 0 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,788,043 3,818,660 16 Professional fundraising expenses (Part IX, column (A), line 11e) 0 0 0 17 Total fundraising expenses (Part IX, column (A), line 11e) 0 0 0 18 Total fundraising expenses (Part IX, column (A), line 11e) 0 0 0 19 Total fundraising expenses (Part IX, column (A), line 11e) 1 1,307,195 1,543,757 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,095,238 5,362,417 19 Revenue less expenses. Subtract line 18 from line 12 . 80,0331 783,103 10 Beginning of Current Year End of Year	K For	m of c	organization	: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►		L Icai or iorna	1900	otate	or legal domicile. L
To provide therapeutic services to youth in a residential environment.	P	art I	Sumi	mary			10		
2 Check this box ▶ □ 3 Number of voting members of the governing body (Part VI, line 1a)									
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Net unrelated business taxable income from Form 990-T, Part I, line 11	Ş						•	-	
8 Contributions and grants (Part VIII, line 1h)		7 a							0
8 Contributions and grants (Part VIII, line 1h)		b	Net unrea	ared business taxable income from Form 990-1, Part 1, line 11 .			1 1	7b	0
9 Program service revenue (Part VIII, line 2g)			· Cambulback	indo and amake (Dank) (III. Para 4 h.)		Prio			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2				•			_	
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13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)					40)				6 145 520
14 Benefits paid to or for members (Part IX, column (A), line 4)					12)			+	0,145,520
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e)		li .						-	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	jai							_	
17 Ottler expenses (Part X, Column (A), lines 11a-11d, 11f-24e)	80	1						_	
17 Ottler expenses (Part X, Column (A), lines 11a-11d, 11f-24e)	<u>e</u>	1			•11			U	0
17 Ottler expenses (Part X, Column (A), lines 11a-11d, 11f-24e)	ă	1					4.00= 40	-	
19 Revenue less expenses. Subtract line 18 from line 12	_	1						_	
Beginning of Current Year End of Year									
20 Total assets (Part X, line 16)	- 00	19	kevenue l	ess expenses. Subtract line 18 from line 12	•	David 1			
20 Total assets (Part X, line 16)	2 G					Reginning o	T Current Yea	r	End of Year
	SS &	20	Total asse	ts (Part X, line 16)			5,691.34	4	6,232,702

et A	21 Total i	iabilities (Part X, line 26)				,118 267,				
žZ	22 Net as	sets or fund balances. Subtract li	ne 21 from line 20		5,253	,226 5,964,				
Unde	er penalties o	gnature Block If perjury, I declare that I have exe elief, it is true, correct, and comple	amined this return, including accete. Declaration of preparer (oth	ompanying schedules er than officer) is base	and statement ed on all inform	s, and to the best of my ation of which preparer has				
-					2023-05-15					
Sigi	n Kri	nature of officer			Date					
Her	SCI	nuyler Siefker Executive Director e or print name and title								
Pai	d	Print/Type preparer's name	Preparer's signature	Date 2023-05-15	Check if	PTIN P00120073				
Pre	parer	Firm's name Abare Kresge & As	sociates CPAs		Firm's EIN > 3	2-0025877				
Us	e Only	Firm's address > 1200 Plantation Is	land Drive		Phone no. (904	1) 460-0747				
		St Augustine, FL	32080							
May	the IRS disc	uss this return with the preparer s	hown above? (see instructions)			. Yes No				
For	Paperwork	Reduction Act Notice, see the s	eparate instructions.	Cat. N	lo. 11282Y	Form 990 (20				
			Page 2							
			rage 2							
	n 990 (2021) art III Sta	tement of Program Service	Accomplishments			Pag				
1 (-	-	- III						
1		ck if Schedule O contains a responderibe the organization's mission:	ise of flote to any line in this Pa	artiii						
То р	rovide therap	eutic services to youth in a reside	ntial environment.							
	Did the ere	ranization undortako any cignifican	t arearan consisse during the							
_		anization undertake any significan orm 990 or 990-EZ?	t program services during the y	ear which were not is	lea on	Yes No				
	•		edule O		1003	L Yes No				
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program									
	services?					. Yes 🗸 N				
	If "Yes," de	scribe these changes on Schedule	O.							
4	Section 50:	e organization's program service 1(c)(3) and 501(c)(4) organization and revenue, if any, for each prog	s are required to report the am	three largest program ount of grants and alk	services, as mocations to oth	easured by expenses. ers, the total				
4a	(Code:) (Expenses \$	4,726,605 including grants	•) (Revenue \$	3,727,840)				
	Provision of	therapeutic services to emotionally dis	sturbed youth, provided approximat	ely 8,800 bed days of se	rvice.					
4b	(Code:) (Expenses \$	including grants	of \$) (Revenue \$)				
	Provision of	mobile crisis support to trouble youth	= =) (Nevende ¢	,				
4c	(Code:	\ (F.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
40	(Code.) (Expenses \$	including grants	of \$) (Revenue \$)				
4d		ram services (Describe in Scheduk	e O.)							
_	(Expenses		ding grants of \$) (Revenue \$	<u> </u>)				
4e	Total prog	ram service expenses	4,726,605							
						Form 990 (20)				

267,742

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🐯	11e	Yes	
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 55	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	21		No

Pa	art 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV			No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	×	•	
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . 10 1a 1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

Page 5

Form	990 (2021)			Page 5
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	6		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: \(\bigs_\) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	7 a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		======================================
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			-
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	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.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			-
C	Enter the amount of reserves on hand			
1 <i>4</i> a	Did the organization receive any navments for indoor tanning services during the tay year?	14a		No

	Did the organization receive any payments for indoor tanning pervises during the tax year. + + + + +		n i	110
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess			
	parachute payment(s) during the year?	15		No
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	_	Form 99	0 (202
		'	01111 93	0 (202
	Page 6			
	Tage 0			
Form	990 (2021)			Page
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp	oonse to	lines
Se	ection A. Governing Body and Management			
	Y Y		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu		۹.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
h	If "Vac " did the erganization follow a written policy or procedure requiring the erganization to evaluate its participation		1	

in joint venture arrangements under appli status with respect to such arrangements	cable federal tax	law, a	nd ta	ke s	teps	to sa	nzac afegu	uard the organization	participation on's exempt	b
Section C. Disclosure										
17 List the states with which a copy of this F	orm 990 is requ	ired to	be fil	ed		FL				
Section 6104 requires an organization to 501(c)(3)s only) available for public inspec	tion. Indicate h		made	e the	024- ese	-A, if a	ole. (
Own website Another's website Describe in Schedule O whether (and if so		-							of interest	
policy, and financial statements available to State the name, address, and telephone r Schuyler Siefker 201 Simone Way St	o the public duri number of the p	ing the erson v	tax y vho p	ear.	esse	es the				
Pacific Period 2010 mone way	Tragascino, Fa s		,,,							Form 990 (2021)
			Page	e 7						
Form 990 (2021)										Page 7
Part VII Compensation of Officers, I and Independent Contractor		stees	, Ke	у Еі	mp	loyee	s, I	Highest Compe	nsated Employ	ees,
Check if Schedule O contains a res										
Section A. Officers, Directors, Truste				_	_					annization/s tay
1a Complete this table for all persons required t year.	o de listea. Repi	ort com	ipens	atio	пто	rtne	caier	idar year ending wi	th or within the or	ganization's tax
 List all of the organization's current officer of compensation. Enter -0- in columns (D), (E), 							or	organizations), reg	ardless of amount	
• List all of the organization's current key em							efini	tion of "key employ	ee."	
• List the organization's five current highest who received reportable compensation (box 5 of organization and any related organizations.	compensated er Form W-2, For	mployee m 1099	es (ot 9-MIS	her C, a	tha nd/	n an o or box	ffice (1 o	r, director, trustee of Form 1099-NEC)	or key employee) of more than \$10	0,000 from the
organization and any related organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.								,000		
• List all of the organization's former directo organization, more than \$10,000 of reportable of See the instructions for the order in which to list	ompensation fro	om the								
Check this box if neither the organization r	nor any related o	organiza	ation	com	npen	sated	any	current officer, dire	ector, or trustee.	
(A)	(B)			(C)		Ė	(D)	(E)	(F)
Name and title	Average hours per week (list any hours	th: pers	an òn son is	o no ne bo bot	ot ch ox, i th a	neck m unless n offic rustee	er	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related	-			-	_		(W-2/1099-	(W-2/1099-	organization and
	organizations below dotted	0 S	Institutional	Officer	e ve	a de la composition de la comp	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations
	line)	8 2	utio	3	<u>o</u> m	st c	100			
		Individual trustee or director	nal Trustee		Key employee	Highest compensated employee				
(1) Elaine Simone Director	1.00	x						0	0	0
(2) Michele Rene Hollister Director	1.00	х						0	0	0
(3) James Thornwell Director	1.00	х						0	0	0
(4) Dick Dion	1.00	х						0	0	0
(5) Michael Salvato Director	1.00	×						0	0	0
(6) Teresa Mercurio director	1.00	х						0	0	0
(7) Robin Burchfield	1.00			х				0	0	0

8) Schuyler Siefker	60.00		x	85,263	0	
xecutive Director						
		_				
		_				
						990 (2021

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Page 8

Form 990 (2021)

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

(A) (B) (C) (D) (E) (F) Name and title Position (do not check more Estimated Average Reportable Reportable hours per than one box, unless person compensation compensation amount of other compensation week (list is both an officer and a from the from related any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and or director Highest compensated employee Former Key employee Individual trustee organizations MISC/1099-NEC) MISC/1099-NEC) Institutional related below dotted organizations line) Trustee **1**b Sub-Total . Total from continuation sheets to Part VII, Section ${\bf A}$. d 85,263 0 Total (add lines 1b and 1c) . -

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

							Yes	No
3	Did the organization list any former officer, dire			ghest compensated	employee on line			
4	1a? If "Yes," complete Schedule J for such indi For any individual listed on line 1a, is the sum o		npensation and other	compensation from	n the	3		No
	organization and related organizations greater	than \$150,000?	If "Yes," complete S	chedule J for such		4		No
5	Did any person listed on line 1a receive or accru	ie compensation	n from any unrelated	organization or indi	vidual for	4		No
	services rendered to the organization? If "Yes,"	complete Sched	dule J for such persor	7		5		No
	ection B. Independent Contractors		de de contra de		+100 000 -f			
1	Complete this table for your five highest compe from the organization. Report compensation fo					pensa	tion	
	(A) Name and busines:	s address		Desc	(B) ription of services		(C) Compen	
						-		
	Total number of independent contractors (includin compensation from the organization $\blacktriangleright 0$	ng but not limite	d to those listed abo	ve) who received m	ore than \$100,000	of		
	companiation from the organization is					Fo	rm 99 0	(2021)
			Page 9					
	000 (0004)		ruge y					
	n 990 (2021) Part VIII Statement of Revenue							Page 9
	Check if Schedule O contains a respons	se or note to an	y line in this Part VIII					
			(A) Total revenue	(B) Related or	(C) Unrelated		(D) Reven	
			lotarrevende	exempt	business		cluded	from
	trituletiotes; campaigns 1a			function revenue	revenue	tax	unaer s 512 - 5	ections 514
Gift: Gra er b d			22					
Sim	ilar							
HEIC	obumming raising events <u>1c</u>							
d	Related organizations 1d							
е	Government grants (contributions) 1e							
	1,840,969 All other contributions, gifts, grants,							
	and similar amounts not included above							
	576,711							
	Noncash contributions included in							
	lines 1a - 1f:\$							
h	Total. Add lines 1a-1f	2,417,680						
	2a Program service revenu	Business Code	3,713,926	3,713,926				
<u>a</u>		900099						
5	b							
di di								
N.C.								
Program Service Revenue	d							
C	Ø a							
Pro								
	f All other program service revenue.							
I	@ Total Add lines 2a 2f	2 712 026				-		

9 IOLAI. Add lilles 28-2			3,713,				
3 Investment income (incl similar amounts)			rest, and other	13,9	13,9:	14	
4 Income from investmen			d proceeds	>			
		-	•	>			
	(i) Rea		(ii) Personal				
6a Gross rents 6a							
b Less: rental							
expenses 6b	>						
c Rental income or (loss) 6c	:	1					
d Net rental income or ((loss)						
	(i) Securi	ities	(ii) Other				
7a Gross amount from sales of assets other than inventory	1						
b Less: cost or other basis and sales expenses							
c Gain or (loss) 7c							
d Net gain or (loss) .							
a Gross income from fundra (not including \$ contributions reported on	of						
See Part IV, line 18		8a					
(not including \$ contributions reported on See Part IV, line 18 b Less: direct expenses c Net income or (loss) from		8b					
c Net income or (loss) from	om fundraisir	ng event	s				
Gross income from gamir	ng activities.						
See Part IV, line 19		9a					
b Less: direct expenses		9b					
c Net income or (loss) from	om gaming a	ctivities		1			
LOaGross sales of inventor returns and allowances	ry, less	10a					
b Less: cost of goods so	old .	10b					
c Net income or (loss) from			/ ▶				
Miscellaneous R			Business Code				
11a							
b							
С							
-							
d All other revenue .		_					
e Total. Add lines 11a-1		9	. •				
12 Total revenue. See ins	structions .			6,145,52	20 3,727,84	0 0	
				0/2/13/32	3,727,04	<u>~1</u>	Form 990 (20
				Dogs 10			
				Page 10			
990 (2021) rt IX Statement of I	Functional	Exper	ises				Page
	and 501(c)(4	l) organ	izations must o	complete all columns.	All other organization	ns must complete co	umn (A).
			se or note to a	ny line in this Part IX			
		- CL		(4)	(B)	(C)	(D)
not include amounts repo 8b, 9b, and 10b of Part V	orted on line 111.	25 GD,		(A) Total expenses	Program service	Management and	Fundraising

	domestic governments. See Part IV, line 21	Ï	Ĩ	ř	
2	Grants and other assistance to domestic individuals. See				
	Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,241,317	2,852,359	291,717	97,241
	Pension plan accruals and contributions (include section				
_	401(k) and 403(b) employer contributions)				
9	Other employee benefits	351,713	309,507	31,654	10,552
10	Payroll taxes	225,630	198,555	20,307	6,768
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				5
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	181,896	160,068	16,371	5,457
14	Information technology				
15	Royalties				
16	Occupancy	314,785	277,011	28,331	9,443
17	Travel	51,361	45,198	4,622	1,541
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	-10,104	-1,212	-8,892	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	85,386	75,139	7,685	2,562
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Professional services	392,434	345,342	35,319	11,773
i	Residence cost	348,611	306,778	31,375	10,458
•	Staff training	103,596	91,164	9,324	3,108
Ċ	Equipment cost	51,919	45,689	4,672	1,558
•	All other expenses	23,873	21,007	2,149	717
25	Total functional expenses. Add lines 1 through 24e	5,362,417	4,726,605	474,634	161,178
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				
				For	m 990 (2021)

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

2

6,145,520

1

2

3 Revenue less expe	nses. Subtract line 2 from line 1	3			783,103
4 Net assets or fund	balances at beginning of year (must equal Part X, line 32, column (A))	4		5,	,253,226
	s (losses) on investments	5			
6 Donated services a	nd use of facilities	6			
7 Investment expens	es	7			
8 Prior period adjust	ments	8			-71,369
9 Other changes in r	et assets or fund balances (explain in 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		5,	,964,960
Part XII Financia	Statements and Reporting				
Check if So	hedule O contains a response or note to any line in this Part XII				
				Yes	No
•	d used to prepare the Form 990: Cash Accrual Other Changed its method of accounting from a prior year or checked "Other," explain on	==			
If 'Yes,' check a bo	cion's financial statements compiled or reviewed by an independent accountant? In below to indicate whether the financial statements for the year were compiled or reviewed on solidated basis, or both:	n a	2a		No
Separate ba	sis Consolidated basis Both consolidated and separate basis				
-	cion's financial statements audited by an independent accountant? x below to indicate whether the financial statements for the year were audited on a separate to or both:	oasis,	2b		No
Separate ba	sis Consolidated basis Both consolidated and separate basis				
	or 2b, does the organization have a committee that assumes responsibility for oversight or compilation of its financial statements and selection of an independent accountant?		2c		
	changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	20		
3a As a result of a fed Audit Act and OMB	eral award, was the organization required to undergo an audit or audits as set forth in the Si Circular A-133?	ingle	3a		No
b If "Yes," did the or	ganization undergo the required audit or audits? If the organization did not undergo the requ	ired		_	
audit or audits, ex	plain why in Schedule O and describe any steps taken to undergo such audits.		3b		
orm 990 (2021)					
Additional Data		F	≀eturn	to Fo	rm
Form 990, Special C	Software ID: Software Version: ondition Description: Special Condition Description			·	
	Render ObjectId: 202311359349316866 - Submission: 2023-05-15			59-292	25271 5-0047
Form 990)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.			202	_
epartment of the Treasury ternal Revenue Service	► Attach to Form 990 or Form 990-EZ. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.		Ope	en to P	ublic
ame of the organization	on Employer	identifi		nspecti	
Augustine Youth Services		identiir	cation	numbe	1
Part I Reason fe	59-292527 or Public Charity Status (All organizations must complete this part.) See instructions				
ne organization is not a	private foundation because it is: (For lines 1 through 12, check only one box.)				
	nvention of churches, or association of churches described in section 170(b)(1)(A)(i).				
	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)				
3 A hospital or	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).				
4 A medical res	eearch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). E	∃nter th	ne hospi	tal's
- interior city of					

5		An organization operated for 170(b)(1)(A)(iv). (Complete			ge or unive	rsity owned or	operated by a go	overnmental unit descri	ibed in section
6		A federal, state, or local gove			ntal unit de	escribed in secti	ion 170(b)(1)(A)(v).	
7		An organization that normall section 170(b)(1)(A)(vi).			ial part of it	s support from	a governmental	unit or from the gener	al public described in
8		A community trust described			1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research orga non-land grant college of agr	nization de iculture. S	escribed in ee instruct	170(b)(1)ions. Enter	(A)(ix) operat the name, city,	ed in conjunctio and state of the	n with a land-grant coll college or university:	lege or university or a
10	V	An organization that normall from activities related to its investment income and unrel 30, 1975. See section 509(/ receives: exempt fur ated busin	(1) more t actions—su ess taxable	:han 331/3% bject to cei e income (le	6 of its support	from contribution, and (2) no more	ons, membership fees, re than 33 1/3% of its s	support from gross
11		An organization organized ar	d operate	d exclusive	ly to test fo	or public safety.	See section 50	9(a)(4).	
12		An organization organized ar more publicly supported orga on lines 12a through 12d tha	nizations it describe	described in s the type	n section 5 of support	509(a)(1) or soing organization	ection 509(a)(and complete li	2). See section 509 (anes 12e, 12f, and 12g.	a)(3). Check the box
а		Type I. A supporting organi organization(s) the power to complete Part IV, Sections	regularly a	appoint or	ervised, or elect a majo	controlled by its ority of the dire	s supported orga ctors or trustees	anization(s), typically by s of the supporting org	y giving the supported anization. You must
b		Type II. A supporting organ management of the supportion must complete Part IV, Se	ng organiz	ation veste					
С		Type III functionally integ supported organization(s) (s	rated. A s	supporting					ted with, its
d		Type III non-functionally functionally integrated. The control of	integrate rganizatio	d. A suppo n generally	rting organ must satis	ization operated fy a distribution	d in connection was requirement an	vith its supported orga	
e		instructions). You must con Check this box if the organiz integrated, or Type III non-fu	ation recei	ved a writte	en determir	nation from the		ype I, Type II, Type III	functionally
f	Enter	the number of supported org		_				<u></u>	
g	Provid	de the following information at	out the su	ipported o	rganization				
		ame of supported (ii) EIN	organ (describe 1- 10 at	ype of ization d on lines oove (see ctions))		ganization listed ning document?		(vi) Amount of other support (see instructions)
						Yes	No		
-									
Tota									
		vork Reduction Act Notice, sor 990-EZ.	see the Ir	structions	s for	Cat. No. 1128	5F	Schedule	A (Form 990) 2021
					Pa	ge 2			
Sched	dule A	(Form 990) 2021							Page 2
	rt II	Support Schedule for (Complete only if you c	hecked th	ne box on	line 5, 7,	or 8 of Part I	or if the organ	nization failed to qua	1)(A)(vi)
Se	ction	If the organization faile A. Public Support	d to qual	ify under	the tests	listed below, p	olease complet	e Part III.)	
Cale	ndar y	rear ear	(a) 201	.7	(b) 2018	(c) 2019	(d) 202	20 (e) 2021	(f) Total
		rear beginning in) > rants, contributions, and				(1, 111	(4)	(0, 1011	(1) 1000
n	nember	ship fees received. (Do not							
		any "unusual grant.") . . enues levied for the		-					
		ation's benefit and either paid							
		pended on its behalf		-					
		d by a governmental unit to							
t	he orga	anization without charge							
		add lines 1 through 3							
		tion of total contributions by rson (other than a							
g	overnn	nental unit or publicly							
S	upport	ed organization) included on							
		at exceeds 2% of the amount on line 11, column (f)							
6 P	ublic s ne 4.	support. Subtract line 5 from							
Se		B. Total Support							100

	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						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	etc. (see instructio	ns)	• 592 • 38 38 • 38 •	(8)	12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third	, fourth, or fifth t	ax year as a secti	on 501(c)(3) orga	nization, check
	this box and stop here					▶ 🔲	
S	ection C. Computation of Public						
14	Public support percentage for 2021 (lin			olumn (f))		14	
15	Public support percentage for 2020 Sc	hedule A, Part II, I	ine 14			15	
	33 1/3% support test—2021. If the						box
	and stop here. The organization qualit	_					
b	33 1/3% support test—2020. If the						
U		_		·		-	
	box and stop here. The organization 10%-facts-and-circumstances test-						
17a	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t		-	-	•	_	
h	10%-facts-and-circumstances test	_		,	•		
D	more, and if the organization meets the	he "facts-and-circu	umstances" test, o	check this box and	l stop here. Expl	ain in Part VI how	the
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	icly supported org	ganization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 1	7b, check this box	c and see	
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	ection B. Total Support	(-) 2017	(h) 2010	(=) 2010	(4) 2020	(a) 2021	16	Total	
	fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(1	Total	
9	Amounts from line 6	2,984,426	4,400,985	5,368,986	3,194,494	2,476,1	80	18,	425,07
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and		1,490	2,747	786	13,9	14		18,937
b	income from similar sources Unrelated business taxable income						+		
	(less section 511 taxes) from businesses acquired after June 30,								
С	1975. Add lines 10a and 10b. Net income from unrelated business		1,490	2,747	786	13,9	14		18,937
11	activities not included on line 10b, whether or not the business is regularly carried on.	72,355	;						72,35
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.).	3,056,781		0	.,				516,363
L4	First 5 years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth	tax year as a sect	ion 501(c)(3) o	rganiz	ation,	check
	this box and stop here		<i>.</i>			ą <u>.</u> .	(3)	g	
Se	ction C. Computation of Public	Support Perce	entage						
15	Public support percentage for 2021 (li					15		99	.510 %
16	Public support percentage from 2020	Schedule A, Part	III, line 15		6	16		99	.130 %
Se	ction D. Computation of Inves	tment Income	Percentage						
L7	Investment income percentage for 20			line 13, column (f)))	17		0	.100 %
.8	Investment income percentage from 2	2020 Schedule A,	Part III, line 17 .			18		0	.030 %
.9a	33 1/3% support tests-2021. If the	organization did	not check the box	on line 14, and lin	ne 15 is more than	1 33 1/3%, and	line 17	' is not	
	more than 33 1/3%, check this box an	nd stop here. The	organization gua	lifies as a nublicly	supported organiz	ation			
	33 1/3% support tests—2020. If th							nd line	12 ic
h		e organization did							
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	not more than 33 1/3%, check this bo	x and stop here.	. The organization	qualifies as a pub	licly supported org	ganization . 💡 .			1015
		x and stop here.	. The organization	qualifies as a pub	licly supported org	ganization . 💡 .		▶ □	
20 chec	Private foundation. If the organization dule A (Form 990) 2021 t IV Supporting Organization (Complete only if you checked)	ox and stop here. ion did not check a ion did not check a	The organization a box on line 14, 1 Page 4	qualifies as a pub	licly supported orgonics this box and see	instructions . Schedule A	(For i	▶ □ m 990)	2021 Page 4 kked
chec	private foundation. If the organization dule A (Form 990) 2021 t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section	ion did not check and one did not check and stop here. The state of the stop here is a box on line 12 cections A and C. Ins A and D, and cons and	Page 4 of Part I. If you che if you checked box	qualifies as a pub	licly supported orgonics this box and see	instructions . Schedule A	(For i	▶ □ m 990)	2021 Page 4 Sked
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chec Par Se	Private foundation. If the organization dule A (Form 990) 2021 **To Supporting Organization* (Complete only if you checked box 12b, of Part I, complete Section 12d, of Part I, complete Section A. All Supporting Organization* Are all of the organization's supported of "No," describe in Part VI how the section the describe the designation. If historic a Did the organization have any supported described in section 509(a)(1) or (2)? If "Yes," explain in Industributed in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section determination. Did the organization ensure that all supports the section of the organization of the section determination.	ion did not check a son did not continuing related organization the son supported organization design of son supported organization design of son supported organization organization to such organizations and son support to such organizations and son did not check a son did	Page 4 Page 4	ecked box 12a, of 12c, of Part I, co e organization's grated. If designated an IRS determinationed that the sum of 12c, of 12c	Part I, complete Smplete Sections A poverning document by class or purported organization (6)? If "Yes," answer(4), (5), or (6) a ow the organization section 170(c)(2)	instructions . Schedule A Sections A and I D, and E. If you ats? ose, der section cion was ver lines 3b and and satisfied on made the (B) purposes?	3. If you che	▶ ☐ m 990)	2021 Page 4
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and Solvetow (in applicable). Also, provide detain in Fart VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by						
	amendment to the organizing document).	5a				
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b				
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c				
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6				
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).					
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8				
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a				
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b				
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)? 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).	10a				
	Schedule A	10b				
	Page 5					
	dule A (Form 990) 2021			Page 5		
			Yes			
	dule A (Form 990) 2021			Page 5		
Pai	dule A (Form 990) 2021 It IV Supporting Organizations (continued)					
Pai	dule A (Form 990) 2021 It IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a				
Pai 11 a	dule A (Form 990) 2021 It IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above?	11a 11b				
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Pai 11 a b	dule A (Form 990) 2021 **TIV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11a 11b	Yes	No		
Pai 11 a b	dule A (Form 990) 2021 It IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Extion B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if	11a 11b				
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Pair a b c Se 1	tiv Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Extion B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's feetively operated, supervised, or controlled the organization's activities. If the organization amore than one supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. Ction C. Type II Supporting Organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization(s).	11a 11b 11c	Yes	No		
Pair a b c Se 1	t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Extion B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. Ction C. Type II Supporting Organizations 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	11a 11b 11c	Yes	No		
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Pair a b c Se 1	t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Lection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization tother than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. Cetion C. Type II Supporting Organizations 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). Cetion D. All Type III Supporting Organizations Did the organization provide to each of its s	11a 11b 11c	Yes	No		

	organization maintained a close and continuous working relationship with the suppor	rted o	rganization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's support voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported	tion's	income or assets at all times	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations					_
1	Check the box next to the method that the organization used to satisfy the Integral R	Part Te	est during the year (see instruct	ions)	:	
•	The organization satisfied the Activities Test. Complete line 2 below.					
ı	b The organization is the parent of each of its supported organizations. Complet	te line	3 below.			
•	The organization supported a governmental entity. Describe in Part VI how you	ou sup	pported a government entity (see	instru	ictions))
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined t substantially all of its activities.	n Part poses,	VI identify those supported how the organization was	2a		
!	b Did the activities described on line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes, the organization's position that its supported organization(s) would have engaged in organization's involvement.	" expl	ain in Part VI the reasons for	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
;	Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? If "Yes" or "No", provide details in Part VI.	icers,	directors, or trustees of each of	За		
ı	b Did the organization exercise a substantial degree of direction over the policies, prograupported organizations? If "Yes," describe in Part VI. the role played by the organizations?					
	supported organizations? It Tes, describe in Part VI. the role played by the organization	zation	Schedule A	3b		
Sche	edule A (Form 990) 2021				P	age 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting O			T) 6		age c
Pa 1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizations.	st on	Nov. 20. 1970 (explain in Part V .	<i>I)</i> . Se d	е	
	Check here if the organization satisfied the Integral Part Test as a qualifying true	st on	Nov. 20. 1970 (explain in Part V .	<i>I).</i> Se c h E.	е	
	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizations.	st on	Nov. 20, 1970 (explain in Part V . must complete Sections A throug	<i>I).</i> Se c h E.	e	
	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income (B) Current Year	st on	Nov. 20, 1970 (explain in Part V . must complete Sections A throug	<i>I).</i> Se (h E.	е	
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizates. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain	st on tions	Nov. 20, 1970 (explain in Part V . must complete Sections A throug	<i>I</i>). Se (h E.	е	
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional)	st on tions	Nov. 20, 1970 (explain in Part V . must complete Sections A throug	I). Sec	е	
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizates Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions	st on tions	Nov. 20, 1970 (explain in Part V . must complete Sections A throug	I). Sec h E.	е	
1 2	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizates. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain	st on tions	Nov. 20, 1970 (explain in Part V . must complete Sections A throug	I). Sec	e	
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1 2 3 4	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizate Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3	1 2 3	Nov. 20, 1970 (explain in Part V . must complete Sections A throug	I). Sec	е	
1 2 3 4 5 5	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizates. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for	1 2 3 4 5	Nov. 20, 1970 (explain in Part V . must complete Sections A throug	I). Sec	е	
1 2 3 4 5 5	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	1 2 3 4 5 6	Nov. 20, 1970 (explain in Part V . must complete Sections A throug	I). Sec	е	
1 2 3 5 6	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizates. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)	1 2 3 4 5 6	Nov. 20, 1970 (explain in Part V . must complete Sections A throug	I). Sec	e	
1 2 3 5 6	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizates. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)	1 2 3 4 5 6	Nov. 20, 1970 (explain in Part V . must complete Sections A throug	I). Sec	e	
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	tax year or assets held for part of year):	1	<u> </u>		
	Average monthly value of securities	1a	1		
	The age monenty value of securities	0	¥		<u> </u>
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c	2)		
d	Total (add lines 1a, 1b, and 1c)	1d			
e	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035	6	1		
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
<u> </u>	Section C - Distributable Amount	_			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	1		
		77	Ψ		
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3]		
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			_
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III su	pporting	g organization (see
				Sc	chedule A (Form 990) 2021
	Page 7				
Sched	ule A (Form 990) 2021				Page 7
Par		Organ	izations (co	ontinued	1)
	tion D - Distributions				Current Year
	amounts paid to supported organizations to accomplish exempt purposes			1	
2 /	amounts paid to perform activity that directly furthers exempt purposes of supported xcess of income from activity	organi	zations, in	2	

3	Administrative ex	penses paid t	to accomplish exempt pur	rposes of supported organizat	ions	3	
4	Amounts paid to	acquire exem	pt-use assets			4	
5				ed - provide details in Part VI)	5	
6			n Part VI). See instruction			6	
_			dd lines 1 through 6.			7	
		attentive supp	orted organizations to w	hich the organization is respor	nsive (<i>provide</i>	8	
9			from Section C, line 6			9	
<u> </u>	Line 8 amount div		· ·			10	
10		,		42	(ii)		(iii)
		see instructi	on Allocations ons)	(i) Excess Distributions	Underdistr Pre-2	ibutions	Distributable Amount for 2021
1	Distributable amo	unt for 2021	from Section C, line 6				
	Underdistributions (reasonable cause See instructions.	s, if any, for y required ex	ears prior to 2021 kplain in Part VI).				
	Excess distributio						
	From 2016						
	From 2017 From 2018						
	From 2019						
	From 2020						
	Total of lines 3a t						
_	Applied to under						
_	Applied to 2021 Carryover from 2						
	le Public Visua			59349316866 - Submiss	ion: 2023-05	-15	TIN: 59-2925271
		Render				10	OMB No. 1545-0047
	HEDULE D m 990)		Supplemen	ital Financial State	ements		0004
	, and of the Terrore		Complete if the order IV, line 6, 7, 8, 9, 1	ganization answered "Yes,"		b.	2021
Depar	ment of the Treasury			Attach to Form 990.	111, 124, 01 12		Open to Public
Interna	Revenue Service)		e latest informa	tion.	Inspection
Interna	, ,	zation)	Attach to Form 990.	e latest informa	tion.	
Na St	l Revenue Service me of the organi Augustine Youth Serv	zation rices Inc	o to <u>www.irs.gov/Forn</u>	Attach to Form 990. n990 for instructions and the	e latest informa E	tion. mployer ide 9-2925271	Inspection
Na St	Revenue Service me of the organi Augustine Youth Serv	zation rices Inc zations Mai	o to <u>www.irs.gov/Forn</u>	Attach to Form 990. n990 for instructions and the	e latest informa E 5:	tion. mployer ide 9-2925271	Inspection
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3	Numb tax ye	per of conservation easements modified ear	, transferred, release	ed, extinguished, o	r terminate	ed by the	organization durin	g tne
4	•	per of states where property subject to	conservation easem	ent is located >				
5	Does	the organization have a written policy r cement of the conservation easements	egarding the periodi	ic monitoring, inspe	ection, hand	dling of v		Yes No
6	Staff	and volunteer hours devoted to monito	oring, inspecting, har	ndling of violations,	and enfor	cing cons		- Common
7	Amou ▶ \$	unt of expenses incurred in monitoring,	inspecting, handling	of violations, and	enforcing c	onservat	ion easements dur	ing the year
8		each conservation easement reported dection 170(h)(4)(B)(ii)?						Yes No
9	baland	rt XIII, describe how the organization re ce sheet, and include, if applicable, the t rganization's accounting for conservation	text of the footnote					
Par		Organizations Maintaining Co Complete if the organization ans	llections of Art,			r Other	Similar Assets	•
1a	histor	organization elected, as permitted und rical treasures, or other similar assets h	er FASB ASC 958, n eld for public exhibit	ot to report in its r ion, education, or i	evenue sta esearch in			
b	If the histor	(III, the text of the footnote to its finar organization elected, as permitted und rical treasures, or other similar assets he ring amounts relating to these items:	er FASB ASC 958, to	o report in its rever	nue statem			
(enue included on Form 990, Part VIII, lin	ne 1				> ¢	
		ts included in Form 990, Part X						
2	If the	organization received or held works of ring amounts required to be reported un	art, historical treasu	ıres, or other simila	r assets fo			
а	Reven	nue included on Form 990, Part VIII, line	e 1				>\$	
b	Asset	s included in Form 990, Part X	<u> </u>				>\$	
For F	aperw	vork Reduction Act Notice, see the I	nstructions for Fo	rm 990.	Car	t. No. 52	283D Schedule	D (Form 990) 2021
				Page 2				
				Page 2				-
	~	/						
Sche	dule D	(Form 990) 2021						Page 2
Part	III	Organizations Maintaining Co						(continued)
Part 3	: III Using	Organizations Maintaining Co the organization's acquisition, accessio (check all that apply):		s, check any of the	following t	hat are a	a significant use of	(continued)
Part	: III Using	Organizations Maintaining Co the organization's acquisition, accessio		s, check any of the		hat are a	a significant use of	(continued)
Part 3	: III Using	Organizations Maintaining Co the organization's acquisition, accessio (check all that apply):		d Lo	following t	hat are a	a significant use of	(continued)
Part 3 a	: III Using	Organizations Maintaining Co the organization's acquisition, accessio (check all that apply): Public exhibition		d Lo	following to	hat are a	a significant use of	(continued)
Part 3 a b	Using items	Organizations Maintaining Co the organization's acquisition, accessio (check all that apply): Public exhibition Scholarly research Preservation for future generations de a description of the organization's co	on, and other records	s, check any of the d	following to	hat are a	a significant use of ograms	(continued)
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Part 3 a b c 4	Using items Provid Part X During	Organizations Maintaining Co the organization's acquisition, accessio (check all that apply): Public exhibition Scholarly research Preservation for future generations de a description of the organization's co (III. g the year, did the organization solicit o	on, and other records ollections and explain or receive donations of to be maintained as	d Lo e Of how they further tof art, historical tre	following to ther the organization's collection	that are a	e significant use of ograms Exempt purpose in the filler the fill	(continued) its collection Yes No
Part 3 a b c 4	Using items Provid Part X During assets t IV	Organizations Maintaining Co the organization's acquisition, accessio (check all that apply): Public exhibition Scholarly research Preservation for future generations de a description of the organization's co (III. g the year, did the organization solicit of the solicit of t	on, and other records ollections and explain or receive donations of to be maintained as ements. wered "Yes" on Fo	d Lo e Of how they further to fart, historical tre part of the organiz rm 990, Part IV,	ther organization's coll	nange pro	e significant use of ograms Exempt purpose in order of order order on order o	(continued) its collection Yes No
Part 3 a b c 4 5	Using items Provid Part X During assets t IV Is the include	Organizations Maintaining Co the organization's acquisition, accessio (check all that apply): Public exhibition Scholarly research Preservation for future generations de a description of the organization's co (XIII. In the year, did the organization solicit of the solid to raise funds rather than in the solid to raise funds rather than in the complete if the organization answelline 21. Organization an agent, trustee, custoded on Form 990, Part X?	on, and other records con, and other records con explain con receive donations of to be maintained as coments. con explain con	d Lo e Of how they further to fart, historical tre part of the organiz rm 990, Part IV,	ther organization's coll	nange pro	e significant use of orgrams Exempt purpose in illar Indian amount on is not	Yes No Form 990, Part X,
Part 3 a b c 4 5	Using items Provid Part X During assets t IV Is the include	Organizations Maintaining Co the organization's acquisition, accessio (check all that apply): Public exhibition Scholarly research Preservation for future generations de a description of the organization's co (III. g the year, did the organization solicit of the solicit of t	on, and other records ollections and explain or receive donations of to be maintained as ements. wered "Yes" on Fo lian or other interme	d Lo e Of how they further to fart, historical tre part of the organizerm 990, Part IV,	ther colline 9, or ons or other	nange pro	e significant use of ograms Exempt purpose in order of order order on order o	Yes No Form 990, Part X,
Part 3 a b c 4 5 Par	Using items Provid Part X During assets T IV Is the include If "Yes Beginn"	Organizations Maintaining Co the organization's acquisition, accessio (check all that apply): Public exhibition Scholarly research Preservation for future generations de a description of the organization's co (III. g the year, did the organization solicit o is to be sold to raise funds rather than the Escrow and Custodial Arrange Complete if the organization answelline 21. organization an agent, trustee, custodied on Form 990, Part X?	on, and other records con, and other records con, and other records con receive donations of to be maintained as coments. wered "Yes" on Fo lian or other interme	d Lo e Ot how they further to fart, historical tre part of the organiz rm 990, Part IV, diary for contribution	ther organizasures or cation's colline 9, or	ation's e other simection?.	e significant use of orgrams Exempt purpose in illar Indian amount on is not	Yes No Form 990, Part X,
Part 3 a b c 4 5 Par 1a	Using items Provid Part X During assets t IV Is the include If "Yes Begin Addition and the control of the con	Organizations Maintaining Co the organization's acquisition, accessio (check all that apply): Public exhibition Scholarly research Preservation for future generations de a description of the organization's co (III. g the year, did the organization solicit o is to be sold to raise funds rather than the Escrow and Custodial Arrange Complete if the organization answelline 21. organization an agent, trustee, custodied on Form 990, Part X?	on, and other records con, and other records con, and other records con receive donations of the maintained as coments. Wered "Yes" on Fo lian or other interme	d Lo e Ot how they further to fart, historical tre part of the organiz rm 990, Part IV, diary for contribution	the organizasures or cation's coll	nange pro eation's e other simection?. reporte er assets	e significant use of orgrams Exempt purpose in illar Indian amount on is not	Yes No Form 990, Part X,
Part 3 a b c 4 5 Par 1a	Using items Provide Part X During assets t IV Is the include Beginn Addition Distribution of the control of t	Organizations Maintaining Co the organization's acquisition, accessio (check all that apply): Public exhibition Scholarly research Preservation for future generations de a description of the organization's co (III. If the year, did the organization solicit of the sold to raise funds rather than the secretary and Custodial Arrange Complete if the organization answelline 21. It organization an agent, trustee, custodied on Form 990, Part X?	on, and other records con, and other records collections and explain or receive donations of to be maintained as coments. wered "Yes" on Fo lian or other interme	d Lo e Other how they further to fart, historical tre part of the organiz rm 990, Part IV, diary for contribution	the organizasures or cation's coll	reporte er assets	e significant use of orgrams Exempt purpose in illar Indian amount on is not	Yes No Form 990, Part X,
Part 3 a b c 4 5 Par 1a b c d e	Using items Provid Part X During assets T V Is the include If "Yes Beginr Addition Distribute Ending Distribute Ending Distribute	Organizations Maintaining Co the organization's acquisition, accessio (check all that apply): Public exhibition Scholarly research Preservation for future generations de a description of the organization's co (III. If the year, did the organization solicit of the sold to raise funds rather than the solicit of the organization answer of the organization and the organization answer of the organization answer of the organization answer of the organization and the organization answer of the organization and the organization answer of the organization answer of the organization answer of the organization and the organization and the organization and the organization answer of the organization and the organization	on, and other records con, and other records con, and other records con, and explain con receive donations of to be maintained as coments. wered "Yes" on Fo lian or other interme and complete the fo	d Lo e Oth how they further to fart, historical tre part of the organiz rm 990, Part IV, diary for contribution	the organizasures or cation's coll	reporte er assets	xempt purpose in milar	Yes No Form 990, Part X,
Part 3 a b c 4 5 Par 1a b c d e f	Using items Provid Part X During assets T IV Is the include include Distrib Ending Did the	Organizations Maintaining Co the organization's acquisition, accessio (check all that apply): Public exhibition Scholarly research Preservation for future generations de a description of the organization's co (III. g the year, did the organization solicit of the sold to raise funds rather than the solicit of the organization answelline 21. organization an agent, trustee, custod ed on Form 990, Part X?	on, and other records con, and other records con, and other records con receive donations of the maintained as coments. Wered "Yes" on Fo lian or other interme	d Lo e Oth how they further to fart, historical tre part of the organiz rm 990, Part IV, diary for contribution of the cont	the organizasures or cation's colline 9, or	reporte er assets 1c 1d 1e 1f	a significant use of organis exempt purpose in organis d an amount on organis Amount	Yes No Form 990, Part X, Yes No
Part 3 a b c 4 5 Par 1a b c d e f 2a	Using items Provide Part X During assets To assets To assets To assets To assets To assets Using items Provide Part X During assets To assets To assets To asset IV	Organizations Maintaining Co the organization's acquisition, accessio (check all that apply): Public exhibition Scholarly research Preservation for future generations de a description of the organization's co (III. If the year, did the organization solicit of the sold to raise funds rather than the secretary of the organization answer in the property of the property of the organization answer in the property of the property	on, and other records con, and other records con, and other records con receive donations of the maintained as coments. Wered "Yes" on Fo lian or other interme	d Lo e Oth how they further to fart, historical trepart of the organiz rm 990, Part IV, diary for contribution.	following to an or exchange the organizasures or cation's colline 9, or ons or other custodial action provided	reporte er assets 1c 1d 1e 1f	a significant use of organis exempt purpose in organis d an amount on organis Amount	Yes No Form 990, Part X, Yes No
Part 3 a b c 4 5 Par 1a b c d e f 2a b	Using items Provide Part X During assets To assets To assets To assets To assets To assets Using items Provide Part X During assets To assets To assets To asset IV	Organizations Maintaining Co the organization's acquisition, accessio (check all that apply): Public exhibition Scholarly research Preservation for future generations de a description of the organization's co (III. If the year, did the organization solicit of the sold to raise funds rather than the secretary and Custodial Arrange Complete if the organization answelline 21. If organization an agent, trustee, custodied on Form 990, Part X?	on, and other records con, and other records con, and other records con receive donations of the maintained as coments. Wered "Yes" on Fo lian or other interme	d Lo e Oth how they further to fart, historical trepart of the organiz rm 990, Part IV, diary for contribution.	following to an or exchange the organizasures or cation's colline 9, or ons or other custodial action provided	reporte er assets 1c 1d 1e 1f ccount lia	a significant use of organis exempt purpose in organis d an amount on organis Amount	Yes No Form 990, Part X, Yes No

b Contributions									
c Net investment earnings, gains,	and losses								
d Grants or scholarships	(*)								
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage	ge of the current yea	r end balance (line 1g, colur	nn (a)) held as:				
a Board designated or quasi-end	lowment >								
b Permanent endowment									
c Term endowment ►									
The percentages on lines 2a, 2l						ć 11.			
3a Are there endowment funds no organization by:	ot in the possession o	r the organizat	tion that are i	neia ai	na aaministerea	for the		Yes N	lo
(i) Unrelated organizations .							3a(i)		Ξ
(ii) Related organizations .							3a(ii)		
b If "Yes" on 3a(ii), are the related	=	-			• • 🕦 •		3b		
Describe in Part XIII the intende		zation's endow	ment funds.						_
Part VI Land, Buildings, an Complete if the organ		"Yes" on Forn	n 990. Part	IV. lir	ne 11a. See Fo	orm 990: Parl	t X. line 10		
Description of property	(a) Cost or other basis (investment)				(c) Accumulated			ok value	
a Land			28	35,122				285	5,12
b Buildings			3,06	56,503				3,066	,50
c Leasehold improvements			20	09,754				209	,75
d Equipment			59	93,269				593	3,26
e Other						1,147,731		-1,147	,73
	umn (d) must equal F	orm 990, Part	X, column (B), line	e 10(c).)	>		3,006	
chedule D (Form 990) 2021	er Securities.	Pa					edule D (Fo		
chedule D (Form 990) 2021 Part VII Investments - Othe Complete if the organ	er Securities. nization answered	"Yes" on Forn	age 3			rm 990, Part	X, line 12.	P	20
chedule D (Form 990) 2021 Part VII Investments - Other Complete if the organ (a) Description	er Securities. nization answered in of security or catego	"Yes" on Forn	n 990, Part	IV, lir (b)	ne 11b.See Foi	rm 990, Part (c) Method of	X, line 12.	P	20
chedule D (Form 990) 2021 Part VII Investments - Other Complete if the organ (a) Description	er Securities. nization answered	"Yes" on Forn	n 990, Part	IV, lir	ne 11b.See Foi	rm 990, Part	X, line 12.	P	20
chedule D (Form 990) 2021 Part VII Investments - Other Complete if the organ (a) Description (including) 1) Financial derivatives 2) Closely-held equity interests	er Securities. nization answered in of security or catego	"Yes" on Forn	n 990, Part	IV, lir (b) Book	ne 11b.See Foi	rm 990, Part (c) Method of	X, line 12.	P	20
chedule D (Form 990) 2021 Part VII Investments - Other Complete if the organ (a) Description (including) 1) Financial derivatives 2) Closely-held equity interests 3)Other	er Securities. nization answered in of security or catego	"Yes" on Forn	n 990, Part	IV, lir (b) Book	ne 11b.See Foi	rm 990, Part (c) Method of	X, line 12.	P	20
chedule D (Form 990) 2021 Part VII Investments - Other Complete if the organ (a) Description (including 1) Financial derivatives 2) Closely-held equity interests 3) Other	er Securities. nization answered in of security or catego	"Yes" on Forn	n 990, Part	IV, lir (b) Book	ne 11b.See Foi	rm 990, Part (c) Method of	X, line 12.	P	20
chedule D (Form 990) 2021 Part VII Investments - Other Complete if the organ (a) Description (including) 1) Financial derivatives 2) Closely-held equity interests 3) Other	er Securities. nization answered in of security or catego	"Yes" on Forn	n 990, Part	IV, lir (b) Book	ne 11b.See Foi	rm 990, Part (c) Method of	X, line 12.	P	20
chedule D (Form 990) 2021 Part VII Investments - Other Complete if the organ (a) Description (including) 1) Financial derivatives 2) Closely-held equity interests 3) Other (a) Description (including)	er Securities. nization answered in of security or catego	"Yes" on Forn	n 990, Part	IV, lir (b) Book	ne 11b.See Foi	rm 990, Part (c) Method of	X, line 12.	P	20
chedule D (Form 990) 2021 Part VII Investments - Other Complete if the organ (a) Description (including) 1) Financial derivatives 2) Closely-held equity interests 3) Other (a) (including)	er Securities. nization answered in of security or catego	"Yes" on Forn	n 990, Part	IV, lir (b) Book	ne 11b.See Foi	rm 990, Part (c) Method of	X, line 12.	P	20
chedule D (Form 990) 2021 Part VII Investments - Other Complete if the organ (a) Description (including) 1) Financial derivatives 2) Closely-held equity interests 3) Other 3) 5)	er Securities. nization answered in of security or catego	"Yes" on Forn	n 990, Part	IV, lir (b) Book	ne 11b.See Foi	rm 990, Part (c) Method of	X, line 12.	P	20
chedule D (Form 990) 2021 Part VII Investments - Other Complete if the organ (a) Description (including) 1) Financial derivatives 2) Closely-held equity interests 3) Other 3) 6)	er Securities. nization answered in of security or catego	"Yes" on Forn	n 990, Part	IV, lir (b) Book	ne 11b.See Foi	rm 990, Part (c) Method of	X, line 12.	P	20
chedule D (Form 990) 2021 Part VII Investments - Other Complete if the organ (a) Description (including) 1) Financial derivatives 2) Closely-held equity interests 3) Other 3) 5) 6)	er Securities. nization answered in of security or catego name of security)	"Yes" on Forn	n 990, Part	IV, lir (b) Book	ne 11b.See Foi	rm 990, Part (c) Method of	X, line 12.	P	20
chedule D (Form 990) 2021 Part VII Investments - Other Complete if the organ (a) Description (including) 1) Financial derivatives 2) Closely-held equity interests 3) Other (b) Description (including)	er Securities. nization answered in of security or catego name of security)	"Yes" on Forn	n 990, Part	IV, lir (b) Book	ne 11b.See Foi	rm 990, Part (c) Method of	X, line 12.	P	20
chedule D (Form 990) 2021 Part VII Investments - Other Complete if the organ (a) Description (including) 1) Financial derivatives 2) Closely-held equity interests 3) Other A) 3) C) D) E) Financial derivatives 4) A) Binancial derivatives 4) Binancial derivatives 2) Closely-held equity interests A) Binancial derivatives Binancial der	er Securities. nization answered ' of security or catego name of security)	"Yes" on Form	m 990, Part (B	IV, lir (b) Sook value	cos	rm 990, Part (c) Method of t or end-of-ye	X, line 12. f valuation: ar market va	Palue	20
chedule D (Form 990) 2021 Part VII Investments - Other Complete if the organ (a) Description (including) 1) Financial derivatives 2) Closely-held equity interests 3) Other A) 3) C) D) E) Financial derivatives 4) A) Binancial derivatives 4) Binancial derivatives 2) Closely-held equity interests A) Binancial derivatives Binancial der	er Securities. nization answered in of security or catego name of security)	"Yes" on Form	m 990, Part (B	IV, lir (b) Sook value	ne 11b.See For	rm 990, Part (c) Method of t or end-of-ye	X, line 12. F valuation: ar market va	alue uation:	age
Part VII Investments - Othe Complete if the organ (a) Description (including) 1) Financial derivatives 2) Closely-held equity interests 3) Other A) B) C) D) E) F) G) H) Otal. (Column (b) must equal Form 990, Part VIII Investments - Program Relation and Complete if the organization a	er Securities. nization answered ' of security or catego name of security)	"Yes" on Form	m 990, Part (B	IV, lir (b) Sook value	cos	rm 990, Part (c) Method of t or end-of-ye	X, line 12. f valuation: ar market va	alue uation:	age

2			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, li	ine 11d. See Fo	rm 990, Part X	, line 15.
(a) Description			(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(e)			
Total. (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, li (a) Description of liability	ne 11e or 11f.S	See Form 990,	Part X, line 25. (b) Book value
(a) Description of liability (1) Federal income taxes			(b) Book value
Notes payable - LT Portion			70,779
Master trust payable			3,374
Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		•	74,153
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the	organization's fin	ancial statements	that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the	e text of the foot	note has been pi	ovided in Part XIII 🔽
			ule D (Form 990) 202
Page 4			
· ·			
chedule D (Form 990) 2021 Part XI Reconciliation of Revenue per Audited Financial Statements	With Revenue	ner Return	Page 4
Complete if the organization answered 'Yes' on Form 990, Part IV, I	ine 12a.		
, game, and other capport per addition interiorists		1	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	Ĩ		
a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities			
a Net unrealized gains (losses) on investments			

е /	Add lines 2	2a throu	gh 2d			9	Sec . 9		2e	
3 :	Subtract li	ne 2e fro	om line 1	ses • s •	(*) · · · · · ·				3	
4	Amounts i	ncluded (on Form 990, Pa	art VIII, line 12, b	out not on line 1:					
a]	Investmen	t expens	es not included	on Form 990, Pa	art VIII, line 7b .	4a	ı			
b	Other (Des	scribe in	Part XIII.) .			4b	,			
C	Add lines 4	4a and 4	b					•	4c	
5	Total rever	nue. Add	lines 3 and 4c.	(This must equa	l Form 990, Part I, line 1	2.) .			5	
Part					dited Financial Stated 'Yes' on Form 990, I				per Return	•
1				ited financial stat		100			1	
2	Amounts i	ncluded	on line 1 but no	t on Form 990, P	Part IX, line 25:					
a l	Donated s	ervices a	nd use of facilit	ies		2a	1			
b i	Prior year	adjustme	ents			2b	,			
c	Other loss	es .				20	:			
d (Other (Des	scribe in	Part XIII.) .			20	i			
е ,	Add lines 2	2a throu	gh 2d						2e	
3 :	Subtract li	ne 2e fro	om line 1		167 · · · · ·				3	
4	Amounts i	ncluded (on Form 990, Pa	art IX, line 25, bu	ıt not on line 1:					
a 1	Investmen	t expens	es not included	on Form 990, Pa	art VIII, line 7b 🗼 .	4a	ı [
b (Other (Des	scribe in	Part XIII.) .			4b	,			
c /	Add lines 4	4a and 4	ь						4c	
5	Total expe	nses. Ad	d lines 3 and 4	c. (This must equ	ual Form 990, Part I, line	18.)		198	5	
Part	XIII	Supple	mental Info	rmation						
					nd 9; Part III, lines 1a a plete this part to provide				Part V, line 4;	Part X, line 2; Part XI,
			rn Reference					Explanati	on	`
Part X,	Line 2:				The Organization has a	dopted	FASB ASC			come Taxes, which clarifies th
efile	Public \	Visual	Render	ObjectId: 202	231135934931686	66 - Sı	ubmissic	n: 2023-	05-15	TIN: 59-292527
SCH	EDUL	ΕO	C			4 - 5		00 (000 E7	OMB No. 1545-004
(Form	_	L			al Information					2024
(1 01111	330)		Co		ride information for re 990-EZ or to provide					2021
	ent of the Treas	,			► Attach to Form 9	90 or 9	990-EZ.			Open to Public
	evenue Servic			▶ Go to w	<u>ww.irs.gov/Form990</u>	for th	e latest in	formation		Inspection
	of the org								Employer	identification number
oc may a			7 1110						59-292527	1
R	eturn					xplana	 ition		"	
Ref	erence					•				
Form	990,	The Fo	rm 990 is prep	ared by an inder	pendent CPA and the d	raft is p	resented 1	to the Execu	utive Commit	tee by its Chair for approval
Part '				n of the Form 99						-
line 1	on B, I1h									
_		The sel	lant of the Fire							
Form Part		The sa	lary or the Exec	culive Director is	s reviewed annually by	the Boa	ard.			
Secti	on B,									
line 1	5a									
Form		Govern	ing documents	are available u	pon request.					
Part \	,									
Section 1										
		tion A of Ma	tion on the laster.	tions for Form 990 or	000 E7	C-+	No Fiore	I/		publication of the second
or rapel	work reduct	HOH ACT NO	ruce, see the instruc	aons for Form 990 of	350-E∠.	cat.	No. 51056	K		Schedule O (Form 990) 2
Add	ditiona	ıı Dat	a							Return to Form

d Other (Describe in Part XIII.) . . .

Software ID: Software Version: