ObjectId: 202223199349303302 - Submission: 2022-11-15

TIN: 83-3858451

Form **990** 

Department of the Treasury

Internal Revenue Service

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

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

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

▶ Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

A F	or the 2021 o	calendar year, or tax year beginning 01-01-2021 $$ , and ending 12-3:	1-2021			
B Che	ck if applicable:	C Name of organization		D Employe	r identif	ication number
O Add	dress change	WESTERN RESERVE COMMUNITY FUND INC		83-3858	451	
	me change			_	131	
_	tial return	Doing business as				
_	al return/terminated			E Telephone	number	
	ended return olication pending	Number and street (or P.O. box if mail is not delivered to street address) Room/sui 47 NORTH MAIN STREET 407	ite	(220) 76	2 4776	
— Ар	oncation pending			(330) 76	02-4//0	
		City or town, state or province, country, and ZIP or foreign postal code AKRON, OH 44308				504.000
				<b>G</b> Gross rec		.584,990
		F Name and address of principal officer: RACHEL BRIDENSTINE	H(a) Is th	is a group reti	urn for	
		47 NORTH MAIN STREET 407		rdinates?		☐Yes ☑No
		AKRON, OH 44308	H(b) Are inclu	all subordinate ded?	es	☐ Yes ☐No
I Tax	-exempt status	501(c)(3) □ 501(c)( ) ◀ (insert no.) □ 4947(a)(1) or □ 527	If "N	o," attach a lis		
J W	ebsite: 🕨 W	NW.DEVELOPMENTFINANCEAUTHORITY.ORG	H(c) Grou	ıp exemption ı	number	<b>&gt;</b>
V 50 mg	o of overniantion	n: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of form	nation: 2019	<b>M</b> State	of legal domicile:
K FOR	n or organization	: Corporation			OH	
Pa	rt I Sum	nmary				
	1 Briefly de	scribe the organization's mission or most significant activities: 'ED TO SUPPORT AND FURTHER COMMUNITY DEVELOPMENT AND JOB CREA	TION IN THE	STATE OF OH	ΙO	
Governance	OKGANIZ	LED TO SOFT ON AND FORTHER CONTINUENT DEVELOTHER AND JOB CREA	IIION IN THE	SIAIL OF OH	10.	
<u>a</u>	-					
en en	-					
Š.	_	nis box 🕨 🗆			1 -	_
		of voting members of the governing body (Part VI, line 1a)		•	3	5
Activities &		of independent voting members of the governing body (Part VI, line 1b) .		•	4	5
ğ		mber of individuals employed in calendar year 2021 (Part V, line 2a)		•	5	0
É	<b>6</b> Total nu	mber of volunteers (estimate if necessary)		•	6	5
A	<b>7a</b> Total un	related business revenue from Part VIII, column (C), line 12		•	7a	0
	<b>b</b> Net unre	elated business taxable income from Form 990-T, Part I, line 11			7b	0
			P	rior Year		Current Year
o)	8 Contribu	tions and grants (Part VIII, line 1h)		1,931,5	00	1,498,198
2	<b>9</b> Program	service revenue (Part VIII, line 2g)		35,9	17	56,884
Revenue	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d )			0	0
œ	<b>11</b> Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,9	76	29,908
		venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,985,39		1,584,990
		and similar amounts paid (Part IX, column (A), lines 1–3 )			0	390,000
		paid to or for members (Part IX, column (A), line 4)			0	0
10		other compensation, employee benefits (Part IX, column (A), lines 5–10)			0	0
Expenses		onal fundraising fees (Part IX, column (A), line 11e)			0	0
8		raising expenses (Part IX, column (D), line 25) ▶0				
ă		expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		71,69	01	253,654
_					_	
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		71,69	_	643,654
. 00	19 Kevenue	eless expenses. Subtract line 18 from line 12	n - · · ·	1,913,7	_	941,336
Net Assets or Fund Balances			Beginnin	g of Current Ye	ar	End of Year
aga	20 Total ass	sets (Part X, line 16)		3,066,3	18	4,367,044
AB		pilities (Part X, line 26)		77,50		436,890
ē,š		ets or fund balances. Subtract line 21 from line 20		2,988,8	_	3,930,154
		.co or rand balances. Subtract line 21 Holli line 20 i i i i i i	I	2,000,0	-0	3,330,134

Part II Signature Block

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

					2022-11-14	
Sign	Sig	gnature of officer			Date	
Here		CHEL BRIDENSTINE EXECUTIVE DIF	ECTOR			
		pe or print name and title				
	1,	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN
Paid	b			2022-11-14	self-employed	P01711657
	parer	Firm's name SIKICH LLP			Firm's EIN > 3	6-3168081
Use	Only	Firm's address > 274 WHITE PON	ID DRIVE		Phone no. (330	0) 864-6661
		AKRON, OH 44	3201118		,	,
M 1	le a TDC elies	•		->	1	. Yes No
		Reduction Act Notice, see the	er shown above? (see instruction	<u>′</u>	N- 11202V	
. 0	apei work	Reduction Act Notice, see ti	ie separate mstructions.	Cat.	No. 11282Y	Form <b>990</b> (2021)
			Page 2			
			rage 2			
Form	990 (2021)					Page <b>2</b>
Pa	rt III <b>St</b> a	atement of Program Serv	rice Accomplishments			
			ponse or note to any line in this	Part III		
1	•	cribe the organization's mission				
			I SHALL BE ORGANIZED TO SUPP CUS ON THE 5-COUNTY REGION			
	12 3 17 (12 3)	ONIO 7000 WILL INTERFECT TO	COS ON THE S COOKET REGION	TOT TIEDINI (TOTALICE)	317444, 301111	TI, THE WITHE
2	Did the or	ganization undertake any signif	cant program services during th	e year which were not lis	sted on	
	the prior F	form 990 or 990-EZ?				🗆 Yes 🛂 No
	If "Yes," de	escribe these new services on S	chedule O.			
3	Did the or	ganization cease conducting, or	make significant changes in hov	v it conducts, any progra	am	
	services?					
_	•	escribe these changes on Scheo				
4	Section 50		ce accomplishments for each of tions are required to report the a vice reported.			
4a	(Code:	) (Expenses \$	603,366 including grant		O) (Revenue \$	86,792 )
	HELP FILL T	HE GAP IN ACCESS TO CAPITAL AND	HE ORGANIZATION) IS A NONPROFIT PROVIDE SUPPORT IN DISINVESTED	AREAS WHERE TRADITION	AL LENDERS DEE	M TOO RISKY TO FINANCE OR BE
			ET MARKET IS LOW-INCOME POPULAT ORGANIZATION HAS RECEIVED CERTI			
4b	(Code:	) (Expenses \$	including grant	s of \$	) (Revenue \$	)
	-					
	-					
4c	(Code:	) (Expenses \$	including grant	s of \$	) (Revenue \$	)
	-					
4d	Other prod	gram services (Describe in Sche	edule O.)			
_	(Expenses	-	ncluding grants of \$	) (Revenue	\$	)
4e	Total pro	gram service expenses 🕨	603,366			

Form 990 (2021) Page **3** 

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

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

14h

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Form 990 (2021) Page 5 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 2a 2b 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. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . За No 3b **b** If "Yes," has it filed a Form 990-T for this year?*If* "*No"* to line 3b, provide an explanation in Schedule O . 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a No financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: > See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . 5a No Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? No 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a No solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a No If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c No If "Yes," indicate the number of Forms 8282 filed during the year . 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f Nο Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as **7**g . . . . . . . . . . . . . If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? . . . Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 . 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders . 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . . . . 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? . 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans . . . . Enter the amount of reserves on hand . . . . 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No

**b** If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.

	ar real made med a room red to report these payments. In they provide an explanation in deficulty of a			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	F	orm <b>99</b>	<b>0</b> (2021)
	Page 6 —			- ()
	990 (2021)			Page <b>6</b>
Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-		<b>~</b>
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  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  5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		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
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	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		INO
	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b		<del></del>
114	form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	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	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

										,	<u>.                                    </u>
<u>Se</u>	ection C. Disclosure  List the states with which a copy of this Fo	rm 990 is requi	red to h	ne file	ed <b>⊳</b>						
18	Section 6104 requires an organization to n	nake its Form 1	023 (10	)24 o	r 10	24- <i>F</i>	OH A, if ap	oplic	able), 990, and 99	0-T (section	
	501(c)(3)s only) available for public inspec	_	•	_					• • • • • • • • • • • • • • • • • • • •	ly.	
19	Own website Another's website  Describe in Schedule O whether (and if so, policy, and financial statements available to	how) the orga	nization	mad	le its	s gov	•		•	of interest	
20	State the name, address, and telephone no RACHEL BRIDENSTINE 47 NORTH MAIN	umber of the pe	erson w	ho po	sses	sses				d records:	
					,			(	.,		Form <b>990</b> (2021)
				Page	7						
Form	990 (2021)										Page <b>7</b>
Pai	Compensation of Officers, D and Independent Contractor		stees,	Key	/ En	npl	oyee	s, F	lighest Comper	nsated Employe	ees,
	Check if Schedule O contains a resp	onse or note to	any lir	ne in	this	Part	VII .				$\square$
Se	ction A. Officers, Directors, Truste	es, Key Emp	loyee	s, ar	nd F	ligl	nest (	Cor	npensated Emp	loyees	
<b>1a</b> Coyear.	omplete this table for all persons required to	be listed. Repo	ort com	pensa	atior	n for	the c	alen	dar year ending wi	th or within the org	ganization's tax
of co	List all of the organization's <b>current</b> officers mpensation. Enter -0- in columns (D), (E), a	and (F) if no cor	mpensa	tion \	was	paid					
	ist all of the organization's <b>current</b> key em ist the organization's five <b>current</b> highest o	, , ,							, , ,		
who	received reportable compensation (box 5 of nization and any related organizations.										000 from the
	ist all of the organization's <b>former</b> officers, portable compensation from the organization						sated	emp	oloyees who receive	ed more than \$100	,000
• i	ist all of the organization's <b>former directo</b> nization, more than \$10,000 of reportable co	rs or trustees	that red	ceive	d, in	the					
_	he instructions for the order in which to list	•									
<b>V</b>	Check this box if neither the organization no	r any related or	ganizat	ion c			ated a	ny c		ctor, or trustee.	
	<b>(A)</b> Name and title	<b>(B)</b> Average	Positio	on (de	( <b>C</b> ) o no	<b>)</b> t che	eck m	ore	<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
		hours per week (list	than o	ne b	ox, ι	ınles		son	compensation from the	compensation from related	amount of other compensation
		any hours		direct		rust	ee)	_	organization	organizations	from the
		for related organizations	ind or	In	St.	Ke)	Highest com employee	For	(W-2/1099- MISC/1099-	(W-2/1099- MISC/1099-	organization and related
		below dotted line)	ivid	stitu	Officer	en (	hes: ploy	Former	NEC)	NEC)	organizations
		-,	Individual to or director	Institutiona		Key employ	t co	_			
			eetsm:			уөө					
			99	Trustee			pensat				
				0			ted				
(1) EF	RIN WOJNO	1.00									
PRESI	DENT		Х		Х				0	0	0
(2) M	ELISSA FRANK	1.00									
	PRESIDENT		Х		Х				0	0	0
(3) N	ANCY ELLIS MCCLENAGHAN	1.00									
	SURER		Х		Х				0	0	0
	DHN WILLIAMS	1.00									
·	ETARY		Х		Х				0	0	0
	ENAYE BRAUNING	1.00									
			Х						0	0	0
	HRISTOPHER BURNHAM	2.00									
·	SING REPRESENTATIVE				Х				0	0	0
	ACHEL BRIDENSTINE	20.00						$\vdash$			
· · · · · · ·	JTIVE DIRECTOR				Х				0	0	0
								_			
			I .		I	I		ı	l l		

		ı	Ī			l	1 1			I	1	
							$\vdash$					
							$\vdash$					
							$\vdash$					
												(2024)
											Form <b>99</b> 0	<b>)</b> (2021)
					Page	8						
Form	990 (2021)											Page <b>8</b>
Pai	Section A. Officers, Direct	tors, Trustees	s, Key	Emp	loye	es,	and	High	nest Compensate	d Employees (cor	ntinued)	
	(A) Name and title  Average hours per week (list any hours for related							rson a	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	Estima amount o compens from t organizati	ited f other sation the on and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	relate organiza	
				-				1				
				+	1			+				
								-				
	Sub-Total						<b>&gt;</b>				•	
	otal from continuation sheets to P otal (add lines 1b and 1c)						<b>*</b>		0	0		0
2	Total number of individuals (including of reportable compensation from the	but not limited	to tho			bove	e) who	o rece	eived more than \$10	00,000		
											Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .	•		,	•				•			NI-
4	For any individual listed on line 1a, is organization and related organization individual	the sum of rep	ortable	comp	ensa	ation	and	other	compensation from	the		No No
5	Did any person listed on line 1a recei services rendered to the organization		•						•	vidual for		No
_											•	_

	(	on for the calendar ye	ar enamy man or me		(B)	(C)
		siness address		Descr	iption of services	Compensation
Total number of indeperson the		cluding but not limited	d to those listed abov	e) who received mo	re than \$100,000 o	of
compensation from the	e organización 🗩 o					Form <b>990</b> (20
			Page 9			
rm 990 (2021)						Pag
Part VIII Statemer	nt of Revenue					
Check if Sc	hedule O contains a re	sponse or note to any			<u> </u>	$\square$
			(A) Total revenue	(B) Related or	<b>(C)</b> Unrelated	<b>(D)</b> Revenue
				exempt function	business revenue	excluded from tax under section
		_		revenue	revenue	512 - 514
Federated campaigns	<u>1a</u>					
ntributions, its, Grants, Membership dues	Lan					
herAmt	. <u>1b</u>					
nilar o្បីអង្គ្រdraising events .	.   1c					
iounts -						
Related organizations	1d					
	<u></u>					
Government grants (conti	ributions) <b>1e</b>					
1,237,137						
<ul> <li>All other contributions, git and similar amounts not i</li> </ul>						
above						
261,061						
Noncash contributions inc lines 1a - 1f:\$	1g					
<b>h Total.</b> Add lines 1a-1f		_				
ii iotai. Aud iiiles 1a-1i	<u> </u>	1,450,150				
1			1			
	CDAM	Business Code	32,779	32,779		
2a INTEREST FROM PRO	GRAM	900099	32,779	32,779		
2a INTEREST FROM PRO		900099	32,779 24,105	32,779 24,105		
2a INTEREST FROM PRO			·	·		
2a INTEREST FROM PRO		900099	·	·		
2a INTEREST FROM PRO		900099	·	·		
2a INTEREST FROM PRO		900099	·	·		
2a INTEREST FROM PRO		900099	·	·		
2a INTEREST FROM PRO		900099	·	·		
2a INTEREST FROM PRO	ON	900099	·	·		
2a INTEREST FROM PRO LOAN FEE ORIGINATI  1  1	ON Service revenue.	900099	·	·		
pa INTEREST FROM PRO  DOAN FEE ORIGINATI  COAN FEE ORIGINATI  Total. Add lines 2  Investment income	on service revenue. 2a–2f ▶ (including dividends, i	900099	·	·		
2a INTEREST FROM PRO  DOWN THE ORIGINATION  CONTROL  TOTAL  All other program  9 Total. Add lines 2  3 Investment income similar amounts) .	service revenue. 2a-2f (including dividends, i	900099 900099 56,884 nterest, and other	·	·		
Ja INTEREST FROM PRO  COAN FEE ORIGINATI  COAN FEE ORIGINATI  All other program  Total. Add lines 2  Investment income similar amounts)  Income from invest	service revenue. 2a–2f	900099 900099 56,884 Interest, and other	·	·		
pa INTEREST FROM PRO  DOAN FEE ORIGINATI  COAN FEE ORIGINATI  The state of the stat	service revenue.  2a-2f	900099 900099 56,884 nterest, and other	·	·		
f All other program Total. Add lines 2 Investment income similar amounts) . Income from invest Royalties	service revenue. 2a–2f	900099 900099 56,884 Interest, and other	·	·		
Total. Add lines 2  3 Investment income similar amounts) .  4 Income from invest 5 Royalties  6a Gross rents	service revenue.  2a-2f	900099 900099 56,884 nterest, and other	·	·		
pa INTEREST FROM PRO  DOAN FEE ORIGINATI  LOAN FEE ORIGINATI  f All other program  f All other program  Total. Add lines 2  Investment income similar amounts) .  Income from invest  Royalties	service revenue.  2a-2f	900099 900099 56,884 nterest, and other	·	·		

	or (loss)	6c							
	<b>d</b> Net rental income	or (	loss)		•				
			(i) Secur	ities	(ii) Other				
	7a Gross amount	ı	( )						
	from sales of	7a							
	assets other than inventory								
						_			
	<b>b</b> Less: cost or other basis and	7b							
	sales expenses								
	c Gain or (loss)	7c							
	<b>d</b> Net gain or (loss)				▶				
	a Gross income from fur	ndrais	sing events						
9	not including \$		of						
g	contributions reported								
Revenue	See Part IV, line 18	•		8a					
	<b>b</b> Less: direct expens	ses		8b					
à	<b>c</b> Net income or (loss	s) fro	om fundraisi	ng eve	ents				
Other	5								
C	ر پرس Gross income from g	ıamiı	na activities.						
	See Part IV, line 19	•		9a					
	<b>b</b> Less: direct expens			9b					
	<b>c</b> Net income or (loss	s) fro	om gaming a	ctiviti	es <b>.</b>				
	10aGross sales of inver returns and allowar								
	returns and anowar	ices		10a					
	<b>b</b> Less: cost of goods	sol	d	10b					
	c Net income or (loss	s) fro	om sales of i	nvent	orv b				
	Miscellaneo	_			Business Code				
	11a <sub>OTHER</sub> INCOME				9000		29,908		
	OTHER INCOME				5000	25/30	25,500		
	b								
	С								
	<b>d</b> All other revenue								
		•		l					
	e Total. Add lines 11	.a-1	1d		•	29,90	08		
	12 Total revenue. Se	e in	structions .						
						1,584,99	90 86,792	2	-
									Form <b>990</b> (2021)
						— Page 10 ———			
	000 (0004)								
	m 990 (2021)								Page <b>10</b>
Р	Part IX Statement						All 11		
	Section 501(c	(ک)ر.	anu 501(c)	(4) or	yanızatlons must (	complete all columns.	. All other organizatio	ns must complete co	numm (A).
_	Check if Sche	<u>dule</u>	O contains	a resp	onse or note to a	ny line in this Part IX	<u></u> .	<u> </u>	<u> </u>
Do	not include amounts	rep	orted on li	nes 6l	b,	(A)	(B)	(c)	(D)
7b,	8b, 9b, and 10b of Pa	art V	III.			Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	. Grants and other assis	stand	e to domest	ic ora	anizations and	390,000	390,000	5 - 2 - 2 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 2	
_	domestic governments					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
2	! Grants and other assis								
_	Part IV, line 22								
_	. Committee								
3	Grants and other assist governments, and fore								
	and 16								
4	Benefits paid to or for								
	•				tructoco ord				
5	Compensation of curre key employees								
c							+		
6	6 Compensation not incl defined under section section 4958(c)(3)(B)	495	8(f)(1)) and	perso	ns described in				

7	Other salaries and wages						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes						
11	Fees for services (non-employees):						
а	Management	100,000	100,000				
b	Legal	3,275	3,275				
c	: Accounting	14,050			1	4,050	
	Lobbying						
	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	35,546	35,546				
12	Advertising and promotion	5,000				5,000	
13	Office expenses						
14	Information technology						
15	Royalties						
16	Occupancy						
17	Travel	46				46	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .						
19	Conferences, conventions, and meetings						
20	Interest	1,200				1,200	
21	Payments to affiliates						
22	Depreciation, depletion, and amortization						
23	Insurance	8,122				8,122	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
	a LOAN RETURN EXPENSE	74,545	74,545				
	<b>b</b> MEMBERSHIPS	10,180			1	0,180	
	c BANK SERVICE CHARGE	1,086				1,086	
	d						
	e All other expenses	604				604	
25	Total functional expenses. Add lines 1 through 24e	643,654	603,366		4	0,288	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720).						
		— Page 11 ———					Form <b>990</b> (2021)
_	200 (200 )	-					
	n 990 (2021)						Page <b>11</b>
Р	art X Balance Sheet						
	Check if Schedule O contains a response or note to any	/ line in this Part IX .	<u> </u>				🗆
			(A) Beginning of				( <b>B)</b> End of year
	<b>1</b> Cash-non-interest-bearing	•		,068,451	1		2,475,100
	2 Savings and temporary cash investments				2		
	3 Pledges and grants receivable, net	•		957,500	3		97,144
	4 Accounts receivable, net			19,749	4		41,007
	5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial of controlled entity or family member of any of these pers	contributor, or 35%			5		
	6 Loans and other receivables from other disqualified persection 4958(f)(1)), and persons described in section 4	sons (as defined under			6		
SO.	7 Notes and loans receivable, net				7		

ē	8	Inventories for sale or use	F		8	-
sset	9	Prepaid expenses and deferred charges		6,949	9	5.971
A		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	-,		
	ь	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .			11	_
	12	Investments—other securities. See Part IV, line	<sub>11</sub>		12	
	13	Investments—program-related. See Part IV, line	-	1,013,669	13	1,747,822
	14	Intangible assets	· · · · · · · · · · · · · · · · · · ·	, ,	14	· · ·
	15	Other assets. See Part IV, line 11			15	_
	16	<b>Total assets.</b> Add lines 1 through 15 (must eq.	<b>-</b>	3,066,318	16	4,367,044
	17	Accounts payable and accrued expenses	· · · · · · · · · · · · · · · · · · ·	7,500	17	36,890
	18	Grants payable	_		18	·
	19	Deferred revenue		70,000	19	100,000
	20	Tax-exempt bond liabilities			20	
(O	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri				
œ.		or family member of any of these persons .			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		0	25	300,000
	26	<b>Total liabilities.</b> Add lines 17 through 25 .		77,500	26	436,890
Fund Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.				
ala	27	Net assets without donor restrictions		987,362	27	2,338,274
8	28	Net assets with donor restrictions		2,001,456	28	1,591,880
or Func	29	Organizations that do not follow FASB ASC complete lines 29 through 33.  Capital stock or trust principal, or current funds	·		29	
2	30	Paid-in or capital surplus, or land, building or ed	<u>-</u>		30	
Assets	31	Retained earnings, endowment, accumulated in	' '		31	
	32	Total net assets or fund balances	· · · · · · · · · · · · · · · · · · ·	2,988,818	32	3,930,154
Net	33	Total liabilities and net assets/fund balances	<u> </u>	3,066,318	33	4,367,044
_	33	iotal liabilities and fiet assets/fund balances	<u> </u>	0,000,010	33	Form <b>990</b> (2021)
	n 990 art XI	(2021)  Reconcilliation of Net Assets  Check if Schedule O contains a response or necessary	Page 12ote to any line in this Part XI			Page <b>12</b>
1	Tota	al revenue (must equal Part VIII, column (A), line	12)		1	1,584,990
2	Tota	al expenses (must equal Part IX, column (A), line	25)		2	643,654
3	Rev	enue less expenses. Subtract line 2 from line 1			3	941,336
4	Net	assets or fund balances at beginning of year (mu	ıst equal Part X, line 32, column (A	A))	4	2,988,818
5	Net	unrealized gains (losses) on investments $\ \ .$			5	
6	Don	nated services and use of facilities			6	
7	Inve	estment expenses			7	
8	Prio	r period adjustments			8	
9	Othe	er changes in net assets or fund balances (explai	n in Schedule O)		9	0
10	Net	assets or fund balances at end of year. Combine	lines 3 through 9 (must equal Par	t X, line 32, column (B))	10	3,930,154
Pa	art XII	Financial Statements and Reporting	1			_
1		Check if Schedule O contains a response or rounting method used to prepare the Form 990:	☐ Cash ☑ Accrual ☐	Other	<u> </u>	Yes No
		ne organization changed its method of accounting edule O.	from a prior year or checked "Oth	ner," explain on		

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

## ObjectId: 202223199349303302 - Submission: 2022-11-15

TIN: 83-3858451

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

**Open to Public** Inspection

	me of the organization STERN RESERVE COMMUNITY FUND INC				Employer identification number				
WEST	EKN KE	SERVE COMMUNITY FUND IN	<b>-</b>				83-3858451		
	rt I	Reason for Public					See instructions.		
	organiz	ration is not a private four		•	J ,	, ,			
1		A church, convention of	•				(A)(i).		
2		A school described in <b>se</b>	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form	990).)			
3		A hospital or a cooperat	ive hospital ser	vice organization descr	ribed in <b>sectio</b> i	n 170(b)(1)(A)(	iii).		
4		A medical research organisme, city, and state:	inization operat	ed in conjunction with	a hospital desc	ribed in <b>section 1</b>	L70(b)(1)(A)(iii). E	nter the hospital's	
5		An organization operate 170(b)(1)(A)(iv). (Co			sity owned or	operated by a gov	ernmental unit descril	oed in <b>section</b>	
6		A federal, state, or local	government or	governmental unit de	scribed in <b>sect</b>	ion 170(b)(1)(A	)(v).		
7	<b>✓</b>		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)						
8		A community trust desc	ribed in <b>sectior</b>	n 170(b)(1)(A)(vi).	(Complete Part	II.)			
9		An agricultural research non-land grant college of	of agriculture. S	ee instructions. Enter	the name, city,	and state of the o	college or university:		
10		An organization that not from activities related to investment income and 30, 1975. See <b>section</b> 1	o its exempt fur unrelated busin	nctions—subject to cer ness taxable income (le	tain exceptions	, and (2) no more	than 33 1/3% of its su	ipport from gross	
11		An organization organiz	ed and operated	d exclusively to test for	r public safety.	See section 509	(a)(4).		
12		An organization organizemore publicly supported on lines 12a through 12	l organizations (	described in section 5	09(a)(1) or s	ection 509(a)(2)	). See <b>section 509(a</b>		
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization oper er to regularly a	rated, supervised, or coappoint or elect a majo	ontrolled by its	supported organiz	zation(s), typically by		
b		Type II. A supporting of management of the sup must complete Part I	porting organiza	ation vested in the sar					
С		Type III functionally supported organization(						ted with, its	
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distributior	requirement and			
e		Check this box if the orgintegrated, or Type III r				IRS that it is a Ty	pe I, Type II, Type III	functionally	
f		r the number of supported	_				<u> </u>		
g		<u>de the following informat</u> Name of supported	ion about the su	upported organization( (iii) Type of	r <i>'</i>	ganization listed	(v) Amount of	(vi) Amount of	
	(1)	organization	(II) LIN	organization (described on lines 1- 10 above (see instructions))		ning document?	monetary support (see instructions)	other support (see instructions)	
					Yes	No			
Tota								_	
		work Reduction Act No	tice, see the I	nstructions for	Cat. No. 1128	35F	Schedule	A (Form 990) 2021	
Form	1 990	or 990-EZ.							
				De	2				
				Pa	ge 2 ———				
Scho	dule ^	(Form 990) 2021						D 3	
	rt II	· ,	e for Organia	zations Described	in Sections	170(b)(1)(A)	(iv) and 170(h)(1	Page 2	
i a		(Complete only if y	ou checked th	he box on line 5, 7, ify under the tests I	or 8 of Part I	or if the organi	zation failed to qua		
Se	ction	A. Public Support		,	/		· · · · · · · · · · · · · · · · · · ·		

	ı nətai yedi begininiy m <i>i F</i>					1	•
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")			1,070,000	1,931,500	1,498,198	4,499,698
2	Tax revenues levied for the						
	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
_	furnished by a governmental unit to						
4	the organization without charge <b>Total.</b> Add lines 1 through 3			1,070,000	1,931,500	1,498,198	4,499,698
5	The portion of total contributions by			1,070,000	1,931,300	1,498,198	4,499,096
•	each person (other than a						
	governmental unit or publicly supported organization) included on						900,012
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4.						3,599,686
_	Section B. Total Support						
	lendar year	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_	r fiscal year beginning in) 🕨	(a) 2017	( <b>b)</b> 2016	, , ,		` '	
7				1,070,000	1,931,500	1,498,198	4,499,698
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources Net income from unrelated business						
9	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 (Explain in Part VI.)						
11	Total support. Add lines 7 through						4,499,698
12	10 Gross receipts from related activities, 6	etc (see instruct	ions)			12	154,552
	,	•	•				· · · · · · · · · · · · · · · · · · ·
13	First 5 years. If the Form 990 is for the	-			•	. , . ,	iization, thetk
_	this box and stop here			<u> </u>			
	Section C. Computation of Public			1 column (f))			
14	Public support percentage for 2021 (lin Public support percentage for 2020 Sch					14	
15	33 1/3% support test—2021. If the					15	hov
16							
	and <b>stop here.</b> The organization quali	nes as a publicly organization did	supported orgar I not check a hov	NZation			► U
•	box and <b>stop here.</b> The organization	-		•		•	_
17:	10%-facts-and-circumstances test	<b>—2021.</b> If the o	rganization did n	ot check a box on lir	 ne 13, 16a, or 16b	, and line 14 is 10	% or more,
	and if the organization meets the "fact	s-and-circumstar	nces" test, check	this box and <b>stop</b> h	<b>nere.</b> Explain in Pa	rt VI how the orga	anization
	meets the "facts-and-circumstances" to	est. The organiza	ition qualifies as	a publicly supported	l organization		🕨 🗆
ŀ	10%-facts-and-circumstances tes						
	more, and if the organization meets the			•	•		_
40	meets the "facts-and-circumstances" <b>Private foundation.</b> If the organization						🟲 🗆
18	instructions				•		ightharpoons
_	IIISTI UCTIONIS					Schedule A (	Form 990) 2021
						Senedate A (	o 550, 2022
			Page				
			——— rage				
Sch	edule A (Form 990) 2021						Page <b>3</b>
	Part III Support Schedule for						
	(Complete only if you						er Part II. If
	the organization fails	to quality unde	r tne tests list	eu peiow, please o	complete Part II.	)	
	Section A. Public Support  lendar year	( ) 22/=	413.00:-	( ) 221-	( D 2000	( ) 2221	(O T / )
(0	r fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3		2					
	not an unrelated trade or business under section 513				<u> </u>		<u> </u>
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	e : L J L L 1 :LL	•	•	•	•	•	•

	furnished by a governmental unit to								
6	the organization without charge <b>Total.</b> Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
D	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
Se	from line 6.)								
	endar year		41.2010	( ) 2010	( D 2020	( ) 2024	(6)	<b>-</b>	
	fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	( <b>d</b> ) 2020	(e) 2021	(†)	Total	
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.								
с 11	Add lines 10a and 10b.  Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is			1					
12	regularly carried on. Other income. Do not include gain or			+			+		
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
13	11, and 12.)								
14	First 5 years. If the Form 990 is for t	-			· ·		-		_
	this box and <b>stop here</b>								ightharpoons
	ection C. Computation of Public Public Support percentage for 2021 (lin			column (f))		1451			
15 16	Public support percentage from 2020 S		•			15 16			
	ection D. Computation of Invest					10			
17	Investment income percentage for 202			/ line 13, column	(f))	17			
18	Investment income percentage from 2	<b>020</b> Schedule A,	Part III, line 17			18			
18 19a	-					<b>18</b> an 33 1/3%, and li	ne 17	is not	
	<b>33</b> 1/3% <b>support tests-2021.</b> If the	organization did r	not check the box	on line 14, and	line 15 is more th	an 33 1/3%, and li			
	<b>33</b> 1/3% <b>support tests-2021.</b> If the more than 33 1/3%, check this box and <b>33</b> 1/3% <b>support tests—2020.</b> If the	organization did r I <b>stop here.</b> The e organization did	not check the box organization qua not check a box	c on line 14, and lifies as a publicly on line 14 or line	line 15 is more th supported organ 19a, and line 16	an 33 <sub>1/3</sub> %, and li ization is more than 33 <sub>1</sub>	<b>l</b> /3% ar	nd line	18 is
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b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported			
	organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
_	organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a $35\%$ controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .			
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding	9c		
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			No No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
•	the organization had excess business holdings).	10b		
	Schedule A	(Form	990)	2021
	Page 5 ———————————————————————————————————			
Schoo	dulo A (Form 000) 2021		_	
	t IV Supporting Organizations (continued)		F	age <b>5</b>
1 (11	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Se	ction B. Type I Supporting Organizations	1		
	5.11 65 1		Yes	No
1	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 <b>Part VI</b> 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 eventination enough for the honest of any events described when the events described with a second of the events of the	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
Se	ection C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		162	140
-	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	_		

1		Did the organization provide to each of its supported organizations, by the last day of					
		tax year, (i) a written notice describing the type and amount of support provided during Form 990 that was most recently filed as of the date of notification, and (iii) copies of					
		documents in effect on the date of notification, to the extent not previously provided?	•		1		
2		Were any of the organization's officers, directors, or trustees either (i) appointed or e					
		organization(s) or (ii) serving on the governing body of a supported organization? If 'organization maintained a close and continuous working relationship with the support	no," ez ed orga	xplain in <b>Part VI</b> now the anization(s).			
,		By reason of the relationship described in line 2 above, did the organization's support	od ora	anizations have a significant	2	1	
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 <b>Part VI</b> the role the organization's supporte	d orga	nizations played in this regard.	3		
	Se	ction E. Type III Functionally-Integrated Supporting Organizations					
1	_	Check the box next to the method that the organization used to satisfy the Integral Po	art Tes	t during the year (see instruct	ions):		
	а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.					
	b	The organization is the parent of each of its supported organizations. Complete	e line :	<b>3</b> below.			
	С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you	ou supp	oorted a government entity (see	instru	ctions)	
2		Activities Test. Answer lines 2a and 2b below.				Yes	T
							No
	а	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? <i>If "Yes," then in organizations and explain</i> how these activities directly furthered their exempt purp	Part V	/I identify those supported			
		responsive to those supported organizations, and how the organization determined the substantially all of its activities.			2a		
	b	Did the activities described on line 2a, above constitute activities that, but for the org	anizati	on's involvement, one or more	20		
		of 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 the organization of the organization	" expla	in in <b>Part VI</b> the reasons for			
		organization's involvement.			2b		
3		Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>					
	а	Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in <b>Part VI.</b>	icers, c	directors, or trustees of each of	3a		
	b	Did the organization exercise a substantial degree of direction over the policies, prograupported organizations? <i>If "Yes," describe in Part VI. the role played by the organiz</i>					
		supported diganizations: If Tes, describe in Fait VI. the fole played by the diganiz	ationii		3b		
				Schedule A	(Forn	n 990)	2021
Sch	nod	Page 6 ———————————————————————————————————		Schedule A	(Forn		
		lule A (Form 990) 2021	)rgani		(Forn		2 <b>021</b> Page <b>6</b>
P	ar	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O		zations			
P		lule A (Form 990) 2021	ıst on N	i <b>zations</b> Nov. 20, 1970 <i>(explain in <b>Part V</b></i>	<b>(I</b> ). Se		
P	ar	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true	ıst on N	<b>zations</b> Nov. 20, 1970 <i>(explain in <b>Part V</b></i> must complete Sections A throu	<b>(I</b> ). <b>Se</b> gh E. (B) Cur	e <b>e</b>	Page <b>6</b>
P	ar 1	Type III Non-Functionally Integrated 509(a)(3) Supporting C  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income	ist on Mations i	<b>zations</b> Nov. 20, 1970 <i>(explain in <b>Part V</b></i> must complete Sections A throu	<b>(I</b> ). <b>Se</b> gh E.	ee.	Page <b>6</b>
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P 11	ar 1 1	It V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.  Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions	ations r	<b>zations</b> Nov. 20, 1970 <i>(explain in <b>Part V</b></i> must complete Sections A throu	<b>(I</b> ). <b>Se</b> gh E.	e <b>e</b>	Page <b>6</b>
1 1 2	ar 1	Type III Non-Functionally Integrated 509(a)(3) Supporting C  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.  Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)	ist on Mations r	<b>zations</b> Nov. 20, 1970 <i>(explain in <b>Part V</b></i> must complete Sections A throu	<b>(I</b> ). <b>Se</b> gh E.	e <b>e</b>	Page <b>6</b>
1 1 2 3	) ar	It V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.  Section A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions	st on Nations r	<b>zations</b> Nov. 20, 1970 <i>(explain in <b>Part V</b></i> must complete Sections A throu	<b>(I</b> ). <b>Se</b> gh E.	e <b>e</b>	Page <b>6</b>
11 12 33 44	'ar 1 1 2 3	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.  Section A - Adjusted Net Income  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	st on Nations r	<b>zations</b> Nov. 20, 1970 <i>(explain in <b>Part V</b></i> must complete Sections A throu	<b>(I</b> ). <b>Se</b> gh E.	e <b>e</b>	Page <b>6</b>
11 2 3 4	2 ar	It V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizates  Section A - Adjusted Net Income  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	<b>zations</b> Nov. 20, 1970 <i>(explain in <b>Part V</b></i> must complete Sections A throu	<b>(I</b> ). <b>Se</b> gh E.	e <b>e</b>	Page <b>6</b>
1 1 2 2 3 2 4 5 6 6 7 7	ear 1 1 2 3 4 5	It V Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizates  Section A - Adjusted Net Income  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	<b>zations</b> Nov. 20, 1970 <i>(explain in <b>Part V</b></i> must complete Sections A throu	<b>(I</b> ). <b>Se</b> gh E.	e <b>e</b>	Page <b>6</b>
1 1 2 2 3 2 4 5 6 6 7 7	2 ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Action A - Adjusted Net Income  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)  Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	1 2 3 4 5 6	izations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(I). Segh E. (B) Cur (opti	rent Yea	Page <b>6</b>
P 11 2 3 3 2 5 6 6	Par 1 1 2 3 4 5 5 7	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income  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)  Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Section B - Minimum Asset Amount	1 2 3 4 5 6	izations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(B) Cur	e <b>e</b>	Page <b>6</b>
P 11 2 3 3 2 5 6 6	Par 1 1 2 3 4 5 5 7	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Action A - Adjusted Net Income  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)  Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	1 2 3 4 5 6	izations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(B) Cur	rent Yea	Page <b>6</b>
P 11 2 3 3 2 5 6 6	1 1 2 3 4 5 7 3	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.  Section A - Adjusted Net Income  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)  Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Section B - Minimum Asset Amount	1 2 3 4 5 6 7 8	izations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(B) Cur	rent Yea	Page <b>6</b>
P 11 2 3 3 2 5 6 6	1 1 2 3 4 5 5 5 1 a a	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.  Section A - Adjusted Net Income  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)  Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Section B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1 2 3 4 5 6 7 8	izations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(B) Cur	rent Yea	Page <b>6</b>
P 11 2 3 3 2 5 6 6	1 1 2 3 4 5 5 5 1 a b	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.  Section A - Adjusted Net Income  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)  Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Section B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  Average monthly value of securities	1 2 3 4 5 6 7 8 1 1a	izations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(B) Cur	rent Yea	Page <b>6</b>
P 11 2 3 3 2 5 6 6	1 1 2 3 3 4 5 5 6 7 3 b c	Type III Non-Functionally Integrated 509(a)(3) Supporting Concept Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.  Section A - Adjusted Net Income  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)  Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Section B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  Average monthly value of securities  Average monthly cash balances	1 2 3 4 5 6 7 8 1 1a 1b	izations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(B) Cur	rent Yea	Page <b>6</b>
P 11 2 3 3 2 5 6 6	1 2 3 3 4 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.  Section A - Adjusted Net Income  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)  Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Section B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  Average monthly value of securities  Average monthly cash balances  Fair market value of other non-exempt-use assets	1 2 3 4 5 6 7 8 1 1a 1b 1c	izations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(B) Cur	rent Yea	Page <b>6</b>
1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 1 2 3 4 5 5 5 6 d d e	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations active instructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income  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)  Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Section B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  Average monthly value of securities  Average monthly cash balances  Fair market value of other non-exempt-use assets  Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	1 2 3 4 5 6 7 8 1 1a 1b 1c	izations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(B) Cur	rent Yea	Page <b>6</b>
1 1 1 2 2 2 2 5 6 6 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 1 2 3 4 5 5 5 6 d d e	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income  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)  Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Section B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  Average monthly value of securities  Average monthly cash balances  Fair market value of other non-exempt-use assets  Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors (explain in detail in Part VI):	1 2 3 4 5 6 7 8 11 1a 1b 1c 1d	izations  Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(B) Cur	rent Yea	Page <b>6</b>

instructions).			4			1
5 Net value of non-exempt-use assets (s	ubtract line 4 fr	om line 3)	5			
6 Multiply line 5 by 0.035		,	6			
7 Recoveries of prior-year distributions			7			
8 Minimum Asset Amount (add line 7	to line 6)		8			
Section C - Distributable Amou						Current Year
Adjusted net income for prior year (fro		ne 8 Column A)	1			
2 Enter 85% of line 1	in Section A, in	ic o, column A)	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 temporary reduction (see instructions)	5 from line 4, u	nless subject to emergency	6			
7 Check here if the current year is instructions)	the organizatio	n's first as a non-functionally-in	ntegrat	ed Type III sup	porting	organization (see
		Page 7			Scl	nedule A (Form 990) 2021
Schedule A (Form 990) 2021  Part V Type III Non-Functionall	v Integrated	1 509(a)(3) Supporting C	)rgani	zations (co	ntinued	Page <b>7</b>
Section D - Distributions	<u>,</u>	( )(-) P.P3	<u></u>			Current Year
1 Amounts paid to supported organization	•	···			1	
Amounts paid to perform activity that di excess of income from activity	rectly furthers (	exempt purposes of supported of	organiz	ations, in	2	
3 Administrative expenses paid to accomp	lish exempt pur	poses of supported organizatio	ns		3	
4 Amounts paid to acquire exempt-use ass	sets				4	
5 Qualified set-aside amounts (prior IRS a	pproval require	d - provide details in <b>Part VI</b> )			5	
6 Other distributions (describe in <b>Part VI</b> )		•			6	
7 Total annual distributions. Add lines 1	through 6.				7	
Distributions to attentive supported organizations     details in Part VI). See instructions		ich the organization is responsi	ive ( <i>pro</i>	ovide	8	
9 Distributable amount for 2021 from Sect	tion C, line 6				9	
10 Line 8 amount divided by Line 9 amount					10	
Section E - Distribution Alloc (see instructions)	ations	(i) Excess Distributions	Und	(ii) lerdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Secti	on C, line 6	Π				
2 Underdistributions, if any, for years prior (reasonable cause required explain in F See instructions.						
<b>3</b> Excess distributions carryover, if any, to 2	2021:			<u> </u>		
<b>a</b> From 2016 <b>b</b> From 2017						
<b>c</b> From 2018						
<b>d</b> From 2019						
<b>e</b> From 2020						
f Total of lines 3a through e						
<ul><li>g Applied to underdistributions of prior ye</li><li>h Applied to 2021 distributable amount</li></ul>	ars					
Carryover from 2016 not applied (see instructions)						
j Remainder. Subtract lines 3g, 3h, and 3i 4 Distributions for 2021 from Section D, line \$						
a Applied to underdistributions of prior year	ars					
<b>b</b> Applied to 2021 distributable amount						
c Remainder. Subtract lines 4a and 4b from	n line 4.					
<b>5</b> Remaining underdistributions for years pr 2021, if any. Subtract lines 3g and 4a fro If the amount is greater than zero, <i>expla</i> See instructions.	ior to om line 2.					

6 Remaining underdistributions for 202 lines 3h and 4b from line 1. If the a	mount is greater			
than zero, explain in Part VI. See in  7 Excess distributions carryover to				
3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2017				
<b>b</b> Excess from 2018				
c Excess from 2019				
<b>d</b> Excess from 2020 <b>e</b> Excess from 2021				
e Excess from 2021			Schedule A (Forn	<b>, 000)</b> (2021)
Section A, lines 1, 2, 3b, 3c Part IV, Section D, lines 2 a	on. Provide the explanations requi c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 ind 3; Part IV, Section E, lines 1c, ; and Part V, Section E, lines 2, 5,	1b, and 11c; Part IV, Secti 2a, 2b, 3a and 3b; Part V, and 6. Also complete this	II, line 17a or 17b; Part III, line 1 on B, lines 1 and 2; Part IV, Section ine 1; Part V, Section B, line 1e; Po part for any additional information	n C, line 1; art V
	Facts And Circ	umstances Test		
Return Reference		Explanation		
PART II, LINE 13	THE ORGANIZATION WAS INCORP	ORATED ON MARCH 7, 201	9.	
			Schedule A (For	m 990) 2021
Additional Data			Return 1	to Form

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ObjectId: 202223199349303302 - Submission: 2022-11-15

TIN: 83-3858451

OMB No. 1545-0047

#### Schedule B

#### Schedule of Contributors

(Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2021 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization WESTERN RESERVE COMMUNITY FUND INC 83-3858451 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ☐ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation □ 527 political organization ☐ 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Paperwork Reduction Act Notice, see the Instructions Cat. No. 30613X Schedule B (Form 990) (2021) for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Page 2

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional spaces	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		¢ DECTRICTED	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		Ψ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
		\$	Payroll
	-	Ψ_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		•	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		Ф	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2021)
	Page 3		
Schedule B	(Form 990) (2021)		Page 3
Name of org	anization ESERVE COMMUNITY FUND INC	Employer identification	on number
		83-3858451	
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(c)	(4)
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received

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-			\$	ı	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
•			\$		
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			<u> </u>		
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
_		_	\$		
			<u> </u>		
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$		
	-				
(a) No. from Part I	Description of noncash		(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$		
		Page 4		Schedule B (Form 990) (2021	
	B (Form 990) (2021)			Page 4	
Name of or WESTERN I	ganization RESERVE COMMUNITY FUND INC		<b>Employer ide</b> 83-3858451	ntification number	
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a) the etotal of exclusively religious, characteristructions.) ► \$	bed in section 501(c)(7), ough (e) and the following	ng line entry. For	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	scription of how gift is held	
_					
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	elationship of transferor	to transferee	
(2)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held	
_					
}	Transferee's name, address, and	(e) Transfer of gift	elationship of transferor	to transferee	
ŀ	Transieree 3 Hame, audress, and		oranonomp or nanoición		
		<u> </u>			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held	

. =	Transferee's name, address, and 2		e) Transfer of gift Relatio	enship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	<u>-</u>	(c) Use of gift	(d) Description of how gift is held
- =	Transferee's name, address, and 2		e) Transfer of gift Relatio	nship of transferor to transferee
				Schedule B (Form 990) (202
Addition	al Data			Return

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ObjectId: 202223199349303302 - Submission: 2022-11-15

TIN: 83-3858451

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization VESTERN RESERVE COMMUNITY FUND INC	Employer identification number
TESTERN RESERVE CONTROLLED INC	83-3858451
Part I Organizations Maintaining Donor Advised Funds or Other Similar Fund Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	ds or Accounts.
(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year	
Aggregate value of contributions to (during year)	
Aggregate value of grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the assets held in dono organization's property, subject to the organization's exclusive legal control?	· · · · · · · · · · · · · · · · · · ·
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpo private benefit?	ose conferring impermissible
art II Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (e.g., recreation or education)	of an historically important land area
Protection of natural habitat	of a certified historic structure
	a certified filstoric structure
☐ Preservation of open space	
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the easement on the last day of the tax year.	Held at the End of the Year
Total number of conservation easements	2a
Total acreage restricted by conservation easements	. 2b
Number of conservation easements on a certified historic structure included in (a)	2c
Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
Number of conservation easements modified, transferred, released, extinguished, or terminated tax year	by the organization during the
Number of states where property subject to conservation easement is located	
Does the organization have a written policy regarding the periodic monitoring, inspection, handl	ling of violations,
and enforcement of the conservation easements it holds?	☐ Yes ☐ No
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	ng conservation easements during the year
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor  * \$	nservation easements during the year
Does each conservation easement reported on line $2(d)$ above satisfy the requirements of section and section $170(h)(4)(B)(ii)$ ?	
In Part XIII, describe how the organization reports conservation easements in its revenue and e balance sheet, and include, if applicable, the text of the footnote to the organization's financial sthe organization's accounting for conservation easements.	
Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Other Similar Assets.
If the organization elected, as permitted under FASB ASC 958, not to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in fi Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statemen historical treasures, or other similar assets held for public exhibition, education, or research in following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
(ii) Assets included in Form 990, Part X	> \$
If the organization received or held works of art, historical treasures, or other similar assets for following amounts required to be reported under FASB ASC 958 relating to these items:	financial gain, provide the
Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
<b>b</b> Assets included in Form 990, Part X	<b>&gt;</b> \$

Schedule D (Form 990) 2021

Sche	dule D	(Form 990) 2021											Page <b>2</b>
Par	t III	Organizations Ma	aintaining Col	lections of Art,	Historic	al Tr	easur	es, or	Other	Similar A	ssets (cont	inued)	
3		the organization's acquecked (check all that apply):	uisition, accessior	n, and other record		ny of t	he follo	wing t	hat are a	significant (	use of its coll	ection	
а		Public exhibition			d		Loan o	r excha	ange prog	grams			
b		Scholarly research			e		Other .					•••	
С		Preservation for future	generations										
4	Provid Part X	de a description of the o	organization's col	lections and explair	n how they	furth	er the o	organiz	ation's ex	xempt purpo	ose in		
5		g the year, did the orga s to be sold to raise fun									Yes		o
Pai	t IV	Escrow and Custo Complete if the org line 21.			orm 990,	Part I	IV, line	9, or	reporte	d an amou	ınt on Form	990,	Part X,
1a		organization an agent, led on Form 990, Part X									☐ Yes		0
b	If "Ye	s," explain the arrange	ment in Part XIII	and complete the	followina t	ahle:		Î		Δ	Amount		_
c		ning balance		·	-			ŀ	1c				_
d	-	ons during the year							1d				_
е		butions during the year							1e				<u> </u>
f	Endin	g balance							1f				_
2a	Did th	e organization include	an amount on Fo	rm 990 Part X line	e 21 for e	scrow	or cust	odial a	ccount lia	ahility?	☐ Ves		<u> </u>
b		s," explain the arranger			•					•		<u> </u>	
	rt V	Endowment Fund		CHECK HEIC II THE	Схрішниціон	inas	весп р	TOVIGE	1 III T GTC 7	XIII			
		Complete if the org		vered "Yes" on Fo	orm 990,	Part I	IV, line	10.					
				(a) Current year	<b>(b)</b> Pri	or year	. (с	:) Two y	ears back	(d) Three ye	ears back (e)	Four yea	rs back
	-	ing of year balance .											
b	Contrib	outions											
		estment earnings, gain	•										
		or scholarships											
	and pro	expenditures for facilitie ograms											
		strative expenses .											
g	End of	year balance											
2 a		le the estimated percer designated or quasi-er	ndowment 🕨	ent year end baland	ce (line 1g,	colun	nn (a))	held a	s:				
b	Perma	anent endowment 🕨											
С	Term	endowment 🕨											
	•	ercentages on lines 2a,	•	•									
3а		nere endowment funds ization by:	not in the posses	sion of the organiz	ation that a	are he	eld and	admini	istered fo	r the		Yes	No
		nrelated organizations				•					3a(i)		
b		elated organizations				 ulo D2		•			3a(ii) 3b		
4		ibe in Part XIII the inte	3	•				•			36	ļ	
	t VI	Land, Buildings,											
		Complete if the ord											
	Descri	ption of property	(a) Cost or oth (investme		st or other b	asis (o	ther)	(c) Acc	umulated o	depreciation	( <b>d)</b> Bo	ook value	e
1a	Land												
b	Buildin	gs											
c	Leaseh	old improvements											
d	Equipm	nent											
e	Other												
Tota	I. Add	lines 1a through 1e. <i>(C</i>	olumn (d) must e	qual Form 990, Pa	rt X, colum	ın (B),	, line 10	0(c).)	<u> </u>	•			0
				·						Sch	edule D (Fo	rm 99	0) 2021

———— Page 3 —

Page **3** 

300,000

LONG TERM RELATED PARTY NOTE PAYABLE

al. (Column (b) must equal Form 990, Part X, col.(B) line 25.	)	<b>•</b>		300,000
Liability for uncertain tax positions. In Part XIII, prov				_
ganization's liability for uncertain tax positions under	FIN 48 (ASC 740). Check here if the text			
		S	chedule I	D (Form 990) 2021
	Page 4			
	Page 4			
nedule D (Form 990) 2021				Page <b>4</b>
art XI Reconciliation of Revenue per A	udited Financial Statements With	Revenue per Ret	urn.	
Complete if the organization answer			_	
Total revenue, gains, and other support per audit			1	1,691,990
Amounts included on line 1 but not on Form 990,	· i i			
Net unrealized gains (losses) on investments .	<del>-  </del>	107.000		
Donated services and use of facilities		107,000		
Recoveries of prior year grants				
Other (Describe in Part XIII.)	2d		.	107.000
Add lines 2a through 2d			2e	107,000
Subtract line <b>2e</b> from line <b>1</b>			3	1,584,990
Amounts included on Form 990, Part VIII, line 12				
Investment expenses not included on Form 990, Other (Describe in Part XIII.)				
Other (Describe in Part XIII.)			4c	0
Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must eq		<u> </u>	5	1,584,990
art XII Reconciliation of Expenses per A				1,364,990
Complete if the organization answer			cui ii.	
Total expenses and losses per audited financial st	atements		1	750,654
Amounts included on line 1 but not on Form 990,	Part IX, line 25:			
Donated services and use of facilities	2a	107,000		
Prior year adjustments	2b			
Other losses	2c			
Other (Describe in Part XIII.)	2d			
Add lines 2a through 2d			2e	107,000
Subtract line <b>2e</b> from line <b>1</b>			3	643,654
Amounts included on Form 990, Part IX, line 25,	but not on line 1:			
Investment expenses not included on Form 990,	Part VIII, line 7b 4a			
Other (Describe in Part XIII.)	4b			
Add lines <b>4a</b> and <b>4b</b>		<u></u>	4c	0
Total expenses. Add lines 3 and 4c. (This must e	qual Form 990, Part I, line 18.)		5	643,654
art XIII Supplemental Information				
rovide the descriptions required for Part II, lines 3, 5 nes 2d and 4b; and Part XII, lines 2d and 4b. Also co			line 4; Pa	art X, line 2; Part XI,
Return Reference		Explanation		
RT X, LINE 2:	WESTERN RESERVE COMMUNITY FUND FROM FEDERAL INCOME TAXES UNDER ACCORDINGLY, THE ORGANIZATION H INCOME TAXES. THE ORGANIZATION I	SECTION 501(C)(3) ( AS NOT RECORDED PR	OF THE IN	TERNAL REVENUE COD S FOR FEDERAL AND ST
	product investing ordering in			D (Form 990) 2021
		9		\

Additional Data Return to Form

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the

Grants and Other Assistance to Organizations, **Governments and Individuals in the United States** 

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No. 1545-0047

Treasury Internal Revenue Service		► Go to <u>www</u>	v.irs.gov/Form990 for	the latest information	on.		11100001011		
Name of the organization WESTERN RESERVE COMMUNITY FUND INC							Employer identification number 83-3858451		
Part I General Informa	tion on Gra	nts and Assistance				[55 5555.			
the selection criteria used to	award the gra	substantiate the amount of the ints or assistance?				e, and	✓ Yes □ No		
		edures for monitoring the use Domestic Organizations an	,		ganization answered "Yes"	on Form 990 Part	IV line 21 for any recipient		
that received more th		rt II can be duplicated if addi		Test complete if the or	gamzadon answered Tes	011101111 330, 1411	TV, line 21, for any recipient		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descriptio noncash assista			
(1) HABITAT FOR HUMANITY OF SUMMIT COUNTY 2301 ROMING ROAD AKRON, OH 44320	34-151887	501(C)(3)	50,000	0			AFFORDABLE HOUSING		
(2) KENMORE NEIGHBORHOOD ALLIANCE 1028 KENMORE BLVD AKRON, OH 44314	81-340243	501(C)(3)	50,000	0			AFFORDABLE HOUSING		
(3) NORTH AKRON COMMUNITY DEVELOPMENT CORPORATION 760 ELMA STREET AKRON, OH 44310	82-169653	1 501(C)(3)	50,000	0			AFFORDABLE HOUSING		
(4) THE WELL COMMUNITY DEVELOPMENT CORPORATION 647 E MARKET STREET AKRON, OH 44304	81-268085	501(C)(3)	40,000	0			AFFORDABLE HOUSING		
(5) TRULY REACHING YOU INC 587 BAIRD STREET AKRON, OH 44309	75-322336	8 501(C)(3)	50,000	0			AFFORDABLE HOUSING		
(6) TLDPP LLC 426 E EXCHANGE ST AKRON, OH 44304	85-148534	0	20,000	0			WORKING CAPITAL		
(7) WELLINGTON TRUCKING LLC 1410 KENTUCKY AVE	84-470039	5	20,000	0			EQUIPMENT PURCHASE		
AKRON, OH 44314 (8) K-TRE TRUCKING 653 NOME AVE	85-241311	4	20,000	0			WORKING CAPITAL		
AKRON, OH 44320  (9) V'Z CUSTOM DESIGN LLC 739 HOLLIBAUGH AVE AKRON, OH 44310	82-482546	5	20,000	0			WORKING CAPITAL		
(10) MPGLOBAL CONNECT INC 975 KENMORE BLVD AKRON, OH 44314	80-008079	6	20,000	0			WORKING CAPITAL AND EQUIPMENT PURCHASE		
(11) DEFINING ENTERPRISES LLC 925 MCKINLEY AVE AKRON, OH 44306	87-118109	2	30,000	0			EQUIPMENT PURCHASE		
(12) QURUZ LLC 2595 ROMIG RD APT 26 AKRON, OH 44320	83-096548	6	10,000	0			WORKING CAPITAL		
	n 501(c)(3) an	d government organizations	listed in the line 1 table .				6		
3 Enter total number of other	organizations l	isted in the line 1 table					7		
For Paperwork Reduction Act Notice	, see the Instru	ctions for Form 990.		Cat. No. 50055	Р		Schedule I (Form 990) 2021		
Schedule I (Form 990) 2021		Page 2		annuared "Vee" on Form	n 000 Park IV line 22		Page <b>2</b>		
Part III Grants and Other As Part III can be duplicated			piece ii trie organization a	answered tes on Fort	11 990, Part 1V, line 22.				
(a) Type of grant or assista	nce	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (b FMV, appraisal, other)		ription of noncash assistance		
(1)									
(2)									
(3)									
(4)									
(6)							_		
(7)									

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Referenc PART I, LINE 2:

Part IV

FOR GRANTS MADE TO SUPPORT AFFORDABLE HOUSING THROUGH THE SUMMIT COUNTY AFFORDABLE HOUSING TRUST FUND, WRCF AND THE GRANTEE ENTER INTO A GRANT AGREEMENT THAT DESCRIBES THE GRANT PERIOD, AMOUNT, ELIGIBLE USE OF FUNDS, OVERALL PROJECT/PROGRAM BUDGET, AND THE GRANTEE'S REPORTING REQUIREMENTS. THE GRANT AGREEMENT SPECIFIES THAT FUNDS MUST BE EXPENDED WITHIN A YEAR OF THE DATE OF THE AGREEMENT. GRANTEES ARE REQUIRED TO REPORT ON THE ACTIVITIES AND ACCOMPLISHMENTS SUPPORTED DURING THE ONE-YEAR GRANT PERIOD AND PROVIDE AN UPDATE ON THE PROJECT/PROGRAM BUDGET AND HOW THE FUNDS WERE SPENT. GRANTEES RECEIVING GRANTS OF \$5,000 FOR PROGRAM-RELATED/OPERATING EXPENSES ARE REQUIRED TO REPORT AT THE END OF THE GRANT PERIOD. GRANTEES RECEIVING LARGER GRANTS SUPPORTING PREDEVELOMENT OR DEVELOPMENT OF AFFORDABLE HOUSING ARE REQUIRED TO PROVIDE A ISIX-MONTH INTERIM REPORT AND A REPORT AT THE FIND OF THE GRANT PERIOD. GRANTESS PROGRAMS SUPPORTING PREDEVELOMENT OF DEVELOPMENT OF AFFORDABLE HOUSING ARE REQUIRED TO PROVIDE A ISIX-MONTH INTERIM REPORT AND A REPORT AT THE FIND OF THE GRANT PERIOD. ALONG WITH APPROPRIATE DOCUMENTATION OF THE WORK COMPLETED WITH THE

Schedule I (Form 990) 2021	
ACTIVE AND VIABLE.	
ON ELIGIBLE EXPENSES, AND PROVIDE QUARTERLY FINANCIAL STATEMENTS TO WRCF THAT ILLUSTRATE HOW PROCEEDS WERE SPENT AND THAT THE BUSINESS IS	
REQUIRES ONGOING REPORTING AND COMPLIANCE, I.E., BUSINESSES MUST MAKE SCHEDULED PAYMENTS, STAY CURRENT ON ALL TAX OBLIGATIONS, SPEND PROCE	EDS
GRANTS, THE BUSINESS OWNERS ENTER INTO AN AGREEMENT THAT IS IDENTICAL TO AGREEMENTS FOR LOANS MADE UNDER THE PROGRAM. THE AGREEMENT	
GRANT FUNDS (SUCH AS BUILDING PERMITS, INSPECTIONS, ARCHITECTS' REPORTS, PHOTOGRAPHS, INVOICES, ETC.). FOR THE AKRON RESILIENCY FUND RECOVER.	ABLE

Additional Data Return to Form

#### Schedule J (Form 990)

#### Compensation Information

OMB No. 1545-0047

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

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

Attach to Form 990.

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

Department of the Treasury

Open to Public

Internal Revenue Service Inspection Name of the organization WESTERN RESERVE COMMUNITY FUND INC Employer identification number 83-3858451 Part I Questions Regarding Compensation Yes No Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: No Receive a severance payment or change-of-control payment? . . . . . No b 4b Participate in, or receive payment from, an equity-based compensation arrangement? . 4с No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? . . No Any related organization? . . . 5b No If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a No h Any related organization? . . . . . . 6h No If "Yes," on line 6a or 6b, describe in Part III. 7 Nο Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe . . . . . . . . . . . . . . . No If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2021

Page 2 ·

Schedule J (Form 990) 2021 Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title (B) Breakdown of W-2, 1099-MISC compensation, (E) Total of (F) Compensation in column (B) reported as and/or 1099-NEC and other benefits deferred (B)(i)-(D) (i) Base (ii) Bonus & incentive (iii) Other compensation compensation compensation deferred on prior Form 990

			1	I	ı	ı	r	ı	I
			•		•	•	•	Schedule J (F	orm 990) 2021
				Page 3					
Schedule J (Form 990) 2021									Page <b>3</b>
Part III Supplemental Infor									-
	or descriptions required for Part I, lines	1a,	1b, 3, 4a, 4b, 4			rt II. Also complete	e this part for any	y additional info	rmation.
Return Reference		Explanation							
FORM 990, SCHEDULE J PART III	AMOUNT OF COMPENSATION PAID BY DEVELOPMENT FINANCE AUTHORITY OF SUMMIT COUNTY FOR SERVICES RENDERED TO THE ORGANIZATION BY OFFICER: RACHEL BRIDENSTINE - \$69,432 CHRIS BURNHAM - \$135,752								
								Schedule J (F	orm 990) 2021
Additional Data								Pet	urn to Form
								I I C	

Software ID:

efile Public Visual Render ObjectId: 202223199349303302 - Submission: 2022-11-15 TIN: 83-3858451 OMB No. 1545-0047

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury ▶ Attach to Form 990 or 990-EZ. Internal Revenue Service

**Software Version:** 

**Open to Public** ► Go to www.irs.gov/Form990 for the latest information. Inspection

Name of the organization WESTERN RESERVE COMMUNITY FUND INC **Employer identification number** 

83-3858451

Return **Explanation** Reference FORM 990. THE FORM 990 IS PRESENTED TO BOARD VIA EMAIL WITH REQUEST FOR COMMENTS. PART VI, SECTION B, LINE 11B EACH YEAR, WRCF PROVIDES ITS BOARD MEMBERS WITH UPDATED CONFLICT OF INTEREST FORMS, TO BE FORM 990. UPDATED, SIGNED AND RETURNED. PART VI, SECTION B. LINE 12C FORM 990, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL PART VI. STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS SECTION C, AND 990 RETURNS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE FOR PUBLIC REVIEW. LINE 19 THE ORGANIZATION'S BOARD ALL REVIEW AND APPROVE THE AUDITED FINANCIAL STATEMENTS AS WELL AS FORM 990, PART XII, PERFORM THE SELECTION OF THE INDEPENDENT ACCOUNTANT. LINE 2C

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

Cat. No. 51056K

Schedule O (Form 990) 2021

**Additional Data Return to Form**