Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Α	For th	e 2021 calen	ar year, or tax year beginning	7/1/2021	, and	ending	6/3	30/2022	
В		f applicable:	Name of organization				D Emplo	yer identificatio	n number
	Address	s change	OUTHEAST RURAL COMMUNITY	OUTREACH			ĺ		
	Name c	hange	lumber and street (or P.O. box if mail is not del			Room/suite		20-28470	13
	Initial re	turn	O BOX 332				E Teleph	one number	
	Fînal retu	m/terminated	City or town	State	ZIP code	,		<u>.</u>	
	Amende	ed return	IOPKINS	sc	29061	€.	S. S	<u>803-319-83</u>	323
	Applicat	tion pending		province/state/county	Foreign	postal code	FCCour	Exemption	
						. (**	Numb	oer 🟲	
-	Accoun	nting Method:	X Cash Accrual Other (sp	ocifu)	Augusta and the August Aug		Check -	if the ord	anization is
		te: ► www.s		lecity)			49 COL	red to attach S	
							(Form 99		
<u> </u>	Tax-exe	mpt status (chec	only one) — X 501(c)(3) 501(c)	()◀ (insert no.)	4947(a)(1) c	527		· · · · · · · · · · · · · · · · · · ·	
K	Form of	f organization:	X Corporation Trust	Association	Oth	ner			· · · · · · · · · · · · · · · · · · ·
L	Add line	es 5b, 6c, and	b to line 9 to determine gross receipts. It	gross receipts are \$200,0	000 or more	, or if total ass	sets		
		column (B)) a	\$500,000 or more, file Form 990 instea	d of Form 990-EZ	. Ø		>	- \$	69,399
	irt i	Revenue	Expenses, and Changes in N	et Assets or Fund F	Balances	(see the in	struction	ns for Part I)
		Check if	ne organization used Schedule (o to respond to any c	uestion i	nthis Part	١		X
	1						T	1	
j	2	Program ea	, gifts, grants, and similar amounts rice revenue including government fo dues and assessments	eceived	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		· -	2	69,399
	3	Mamharchi	duce and accessments	A Continuous and Continuous			· -	3	
	4	Investment	come				· -	4	
	5a		it from sale of assets other than inve	ntory & A	5a		•		
	b			11tory	5b		^\\		
	C		from sale of assets other than inver	A 567		1		5c	0
	6	-	fundraising events:	(Subtract line of in	om mic oc	,	· 🖳	1863a	
	а		e from gaming (attach Schedule �if	greater than				Territoria	
စ္	a			greator than	6a			Æal	
Revenue	b		e from fundraising events (not includ	ing &		tributions			
ā	IJ		ing events reported on line 1) (attacl		0, 00		A S	04155 (M) (A455 (M) g M N (M)	
æ			gross income and contributions exce		6b			\$150m \$40m	
- 1	^		expenses from gaming and fundraising		6c	v		**************************************	
	q C		r (loss) from gaming and fundralsing			subtract	i i		
	d	line 6c)		everies (add intes es ai	io ob and	odbit do:	\$45	6d	0
	7a		of inventory, less returns and allowa	res	7a		· · ·	of state encases	
	b	Lees cost o	goods sold	1000	7b				
	C	Gross profit	or (loss) from sales of inventory (sub	ract line 7b from line 7a				7c	0
	8		e (describe in Schedule O)					8	
	9		ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, an				. ▶	9	69,399
	10	Grants and	imila amounts paid (list in Schedule	O)				10	
	11	Benefits na	to or for members				🗀	11	
gg	12		er compensation, and employee ben					12	
Se	13		tees and other payments to indepen				1	13	
Expenses	14		rent utilities, and maintenance.					14	
X	15		lications, postage, and shipping					15	22,100
44	16		ses (describe in Schedule O)					16	47,299
	17		ses. Add lines 10 through 16					17	69,399
	18	Excess or /	eficit) for the year (subtract line 17 fr	om line 9)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			18	0
ets	19	Net assets	r fund balances at beginning of year	(from line 27, column (4	\)) (must =	aree with	* :		
S			igure reported on prior year's return)					19	32,748
Net Assets	20		es in net assets or fund balances (e)					20	
Ž	21	Net assets	r fund balances at end of year. Com	oine lines 18 through 20)		. •	21	32,748

Short Form 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.

2021

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Department of the Treasury

Depa	sriment of nai Rever	the Treasury nue Service	>	Go to www.irs.go	ov/Form990EZ for	instructions and t	he latest	information.			inspection	
A		أر فيسيب شير بينيانية المتراها الروجون بدرويها	dar vear.	or tax year beginn	ing	7/1/2021	, and	l ending		30/2022		
В		applicable:		of organization			10 x - 1 x -		D Emplo	yer iden	tification number	
	Address	•••	5	EAST RURAL COM	MMUNITY OUTR	REACH			l			
司	Name ch	nange		nd street (or P.O. box if				Room/suite		20-2	2847013	
Ħ	Initial ret	-	P O BO	-					E Telepi	างกอ กบท	ber	
=		n/terminated	City or tow			State	ZIP cod	e		i.		
=	Amende		HOPKIN		÷	sc	29061	1		803-	319-8323	
		ion pending		ountry name	Foreign province			postal code	F Grou			
	Applicati	orr horrang	Loreilli co	miny name	i oroign province				` Numl	6676		
							aligni (gly tree of etc.	- Ya.			the organization is	
		ting Method:			Other (specify)			\'n	036.77%		ille Utganization is ittach Schedule B	
l	Websit	e: 🟲 www.s	sercosc.o	rg	protection in the second				(Form 99		Mach ocheune o	
J	Tax-exen	npt status (che	ck only one)) — X 501(c)(3)	501(c) ()◀ (insert no.)	4947(a)(1)	or 527	(1.011)		· · · · · · · · · · · · · · · · · · ·	
К	Form of	organization	Īχ	Corporation	Trust	Association	□ 0	ther				
				9 to determine gros	e receints If aross	receipts are \$200.0	 100 or moi	e. or if total as	sets			
L_	Muu me Mad II	solumn (RN)	_{የደረ}	100 or more file Form	n 990 instead of Fi	om 990-FZ	- OK			- \$	69,399	
	art I	Poveniu	e Evne	nses, and Char	nges in Net As	sets or Fund E	Balance	s (see the ir	structio	ns for	Part I)	
. (art i	Chack if	the ora	anization used S	Schedule O to r	espond to any	iuestion	in this Part	1		х х	
							```\@ <i>0</i>		T	1		
	1	Contributio	ns, gins, (	grants, and similar	amounts receive	ed	(%) (%)		· ·	2	69,399	
	2	Program se	ervice rev	enue including gov	veniment 1669 an	in confidens	Ç.		'	3	<del></del>	
	3			nd assessments .					·	4		
	4	Investment income										
	5a						5b		<del></del>			
	b	Less: cost	or other b	oasis and sales exp	penses	· · · · · · · · · · · · · · · · · · ·		-1		5c	0	
	C	Gain or (los	ss) from s	sale of assets other	r than inventory (	(subtract line 5b it	om une o	a)	.  -	<b>*</b>	<u>, , , , , , , , , , , , , , , , , , , </u>	
	6	Gaming an	d fundrai:	sing events:	<b></b>	 						
ri)	а			gaming (attach Scl	2000	er than	اما					
Ē		\$15,000) .				*	6a	ntributions				
Revenue	b	Otoop atout to to to the first was a first of the state o										
Ŗ		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b										
:		sum of suc	:h gross ir	ncome and contrib								
	C	Less: direc	t expense	es from gaming an			0.000					
	d			) from gaming and	fundraising ever	nts (add lines 6a a	na op an	a enonacr	ľ	6d	0	
		line 6c)					1 - 1		• •	<del></del>		
	7a			ntory, less returns	and allowances.		7a			50.00		
	b	Less: cost	of goods	sold . 🏸 🌂	<i>::</i>		7b			7c	0	
	G	Gross prof	it or (loss	) from sales of inve	entory (subtract )	line 7b from line 7	3)			8		
	8	Other reve	nue (des	cribe in Schedule	O)				* *	9	69,399	
	9	Total reve	nue. Add	lines 1; 2; 3, 4, 5c	c, 6d, 7c, and 8		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		10	<u> </u>	
	10	Grants and	d similar	amounts paid (list i	in Scheaule V) .					11		
	11	Benefits p	aid to or f	or members					`	12		
9	12	Salaries, o	iner com	pensation, and em	ipioyee penents .				· · · · · · · · · · · · · · · · · · ·	13		
Ş	13	Profession	nal tees a	nd other payments	s to maepenaent	COHERCION		,	· ·	14		
Expenses	14	Occupanc	y, rentitul	tilities, and mainter	nance				• • •	15	22,100	
ш	15	Printing, p	ublication	is, postage, and sh	hipping					16	47,299	
	16	Other Avn	aneae Ide	earibe in Schedule	e ()				- •	17	69,399	
	17	Total avn	onege Ar	dd lines 10 through	116				pr	18	09,000	
Ø	18	Eycess or	(deficit) f	for the vear (subtra	act line 17 from III	ne 9}				10		
Net Assets	19	Net assets	s or fund l	balances at beginn	ning of year (from	n line 27, column (	A}} (musi	t agree with	-	19	32,748	
ξ.		and of yes	ar finure r	enorted on prior V	ear's return)				• •	20		
e c	20	Other cha	nges in n	et assets or fund b	palances (explain	in Schedule O) .				21	32,748	
Ž	21	Net asset	s or fund	balances at end of	f year. Combine	ines 18 through 2	<u>u</u>			<u> </u>	Form 990-EZ (2021)	
				B.B. 24 (7	* * * * * * * * * * * * * * * * * *						TOTAL PORT OF THE PARTY (EVE.)	

Form 990-EZ (2021)

_							00 004	7040	- 0
	990-EZ (2021) SOUTHEAST RURAL COMM		TREACH	· · · · · · · · · · · · · · · · · · ·			20-284	7013	Page Z
Par	(100.00)			in Dort II					
	Check if the organization used Schedule O to re	spond to a	iny question in th	is rail ii				1	· · · · · · <u> </u>
					(A) B	eginning			(B) End of year
22	Cash, savings, and investments		and the second s				32,748	22	32,748
23	Land and buildings							24	
24 25	Other assets (describe in Schedule O)						32,748		32,748
25 26	Total liabilities (describe in Schedule O)			` · · · ·			J2,140	26	02,170
27	Net assets or fund balances (line 27 of column (B						32,748		32,748
Pa	Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III								Expenses
Mhs		_	CHLAND HERTI			Ox 4			uired for section
	cribe the organization's primary exempt purpose?						-41-101		(c)(3) and 501(c)(4) mizations; optional
	neasured by expenses. In a clear and concise manne						43 ₀		thers.)
	ons benefited, and other relevant information for each			, , , , , , , , , , , , , , , , , , , ,			्रे		
28	To educate, assist, preserve, and bring awareness of	f hertiage	and awarness of	19		4) ₂			
	community outreach							1	
						<u>.</u>	<del></del>		
	(Grants \$ ) If this amount	includes f	oreign grants, ch	eck here 🧏	1.67g	1	<u> </u>	28a	47,299
29				().	uper-			į	
	4 &							1	
				<u></u>	<u>}</u>				
	(Grants \$ ) If this amount	t includes f	oreign grants, ch	ieck here 🔭 💠	ž <u></u>	<u> </u>		29a	
30			<u> </u>	<u> </u>					
							-		
				ięck nere		1		30a	
31		 Linatudaa l		ook horo		٠.,	·	31a	. ]
			foreign grants, ch	<del> </del>				32	
32	Total program service expenses. (add lines 28a th	rough 31a	On an Cot such an	a guan if not com		od_so	e the ins		
Fé	rt IV List of Officers, Directors, Trustees, and K	ey emplo	yees (ast each one	e even n nor com a thic Doct IV	henson	<del>Guou</del>	e me nk	ili uvuv	130 101 1 dit 14)
	Check if the organization used Schedule O to	respona	o any question ii	(c) Reportable					<u>, , , , , , , , , , , , , , , , , , , </u>
	(a) Name and title	hol	a) Average Lifs per week lited to position	compensation (Forms W-2/1099-I 1099-NEC) (If not paid, enter	MISC/	cor employ	lealth bene niributions t ee benefit rred compe	lo plans,	(e) Estimated amount of other compensation
MAAI	RIE B ADAMS	\$ \$\frac{1}{2} \tag{2}			一十		<del></del>		
CH		Hr/WK	20.00		1				
-	DMAS GUNTER								
	EASURER	Hr/WK	20.00						
	TAMERIA WARREN								
	MBER	Hr/WK	10.00						
	YVONNE BROWN								
	MBER A A	Hr/WK	10.00						
DR.	DESMOND SUMTER				- 1				
ME	MBER	Hr/VVK	10.00						
Wil	MAKING 🚜 🥖 🚉	_			Ì				
ME	MBER 🔏 🥒	Hr/WK	10.00						<u> </u>
VE	RONICA PRIMUS	_			Į				
ME	MBER	Hr/WK	10.00						
JEN	INIFER SHIVER				ł				
ME	MBER	HIWK	10.00						<u> </u>
		1		l .					1

Hr/VVK

Hr/VVK

Hr/VVK

Form 99	10-EZ (2021) SOUTHEAST RURAL COMMUNITY OUTREACH 2	0-28470	13 r	Page 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	n the		
A E AZ SA S	instructions for Part V.) Check if the organization used Schedule O to respond to any question in	this Pa	rt V .	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	00		v
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	1	1	
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		i .	.,
	change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	1		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u>X</u>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.	35b		<u> </u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice	1		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1		i
	during the year? If "Yes." complete applicable parts of Schedule N	36	20.0000	_ <u>×</u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	169 CA	1235	
b	Did the organization file Form 1120-POL for this year?	37b		_ <u>X_</u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	ar when		Marie Land
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<u> </u>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	18,28,03700		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9.			
b	Gross receipts, included on line 9, for public use of club facilities	43,494,		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; section 4955 ►	72.64		
b	Section 501(c)(3) 501(c)(4) and 501(c)(29) organizations. Did the organization engage in any section 4958	47,334		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<u> </u>	<u>                                     </u>
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
·	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
149	40c reimbursed by the organization			
Δ	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	0.000	347.24	
•	transaction? If "Yes," complete Form 8886-T.	40e		<u>  X </u>
41	List the states with which a copy of this return is filed.   SC			
	The organization's books are in care of ► THOMAS GUNTER Telephone no. ►	803-3	319-83	23
42a	Ine organization's books are in care of the organization of the or	9061		
	Localeu al Pizi ALLBENE DIVIVE & COSSORY 110130110	2001	Vac	No
b	At any time during the calendar year did the organization have an interest in or a signature or other authority over	T 401	Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	16 W/ca II arrive the name of the foreign equator			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Cinancial Accounts (EDAD)			1
C	At any time during the calendar year, did the organization maintain an office outside the office states?	42c		1 ×
	If "Yes" enter the name of the foreign country			<del></del>
43	Section 4947(a)(4) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here.			. ▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and effect the amount of tax-exempt interest records of tass and taming in		Yes	No
	and the very life of funds during the very? If "Ver " Form 900 must be			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	. 448	e e e e e e e e e e e e e e e e e e e	Х
	completed instead of Form 990-EZ			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	. 44t	,	x
	completed instead of Earm 000 E7			X
C	Did the organization receive any payments for indoor tanning services during the year?	- 1 -3-31	, 24 A 44	2.2.
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If two, provide an	50355	93 BASA 1	Х
	explanation in Schedule O	. 456		$+\hat{x}$
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	- 130		<del>d î</del>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	4.5		v
	Form 990-EZ. See Instructions.	45		X Z (2021
		Form	ココロード	(2021

Form 9	90-EZ (2021)	SOUTHEAST RURAL CO	DMMUNITY OUTREACH				20 <b>-2847</b> 0	13	Page 4
							,	Yes	
46	Did the o	rganization engage, directly or indirectl	y, in political campaign act	ivities on behalf of or	in oppositi	on			
	to candid	ates for public office? If "Yes," complet	e Schedule C, Part I	<del></del>	<u> </u>	· · · · · ·	. 46		X
Part	All 50	ection 501(c)(3) Organizations O section 501(c)(3) organizations m and 51. neck if the organization used Sche	oust answer questions 4	·	•		s for line	s	<u> </u>
		Took if the organization used office	duic O to respond to at	y question in this r	alt VI .	· · · · ·		· · ·	
47		rganization engage in lobbying activitie Yes," complete Schedule C, Part II	s or have a section 501(h)		ng the tax		47	Yes	No X
48	•	anization a school as described in sec			 эЕ		. 48		X
49a	Did the or	rganization make any transfers to an ex	kempt non-charitable relate	ed organization?	,n., 6		. 49a		
b	If "Yes," v	was the related organization a section (	527 organization?				. 49b		
50	Complete	this table for the organization's five high	ghest compensated employ	yees (other than office	ers, directo	ors, trustees,	and key		
	employee	es) who each received more than \$100	000 of compensation from	the organization. If the	rere is nor	ie, enter "Nor	ne."		
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	contribution benefit pla	alth benefits, ans to employee as, and deferred pensation	(e) Estima other co	ated amo	
Name	None			<b>€</b>					
Title	· /··· /*···· · · · · · · · · · · · · ·		Hr/WK .00						
Name		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~							
Title			HrAVK .00		<u> </u>				
Name			4			ļ			
Title	<del></del>		Hr/WK 400		-				
Name Title			Hrawk .6 .00						
Name			HrWK .00						
Title		~	Hr/WK .00						
51	Complete	nber of other employees paid over \$100 e this table for the organization's five hi of compensation from the organization	ghest compensated indepe		o each re	ceived more t	than		<del>4.2/1</del>
<del></del>		(a) Name and business address of each independ	ent contractor	(b) Type of serv	rice	(c)	) Compensa	tion	
	None	Str	And the state of t						
City Name		ST	ZIP			+	<del></del>		
City		Str S	ZIP			1			
Name		Str	SO AIF			+	<del></del>		
City		JST.	ZIP			ļ			
Name		Str			<del></del>				
City		ু ধা	ZIP						
Name		Str							
Cîty	<del></del>	<u> </u>	ZiP			<u> </u>		<del></del>	<del></del>
d 52	Did the or	nber of other independent contractors or rganization complete Schedule A? <b>Not</b> d Schedule A			► :ha 	1	► X Y	es [	] No
Under i true, co	enalties of portect, and cor	erjury, I declare that I have examined this return, in mplete. Declaration of preparer (other than officer)	ncluding accompanying schedules is based on all information of whic	and statements, and to the	best of my ki	rowledge and be	lief, it is		
		1 Man		, , , , , , , , , , , , , , , , , , , ,		1	/28/2023		
Sign	8	Signature of officer			D	ate			-
Here		Thomas Gunter			T	reasurer			
<del></del>		Type or print name and title							
Paid		Print/Type preparer's name C Howell	Preparer's signature  Cynthia How	ell	te	Check Self-employed	PTIN POO	4844	<del>1</del> 0
Prep		Firm's name	G & TAX SERVICE	1	F	irm's EIN ▶ 27	-3687597		
use	Only	Firm's address ▶ 1016 JACOBSVILLE RO	DAD COLUMBIA SC 29209			hone no. 803-4			
May t	he IRS dis	cuss this return with the preparer shov	vn above? See instructions	3. · . ·				es 🗌	No
		· · · · · · · · · · · · · · · · · · ·			**************************************		Form 9	90-E	Z (2021)

#### SCHEDULE A (Form 990)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public

Department of the Treasury internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Inspection

	_	e organization	, in the same of the same of			E	mployer identification nu	mber		
•		A OT IN HIS ALL OCKERNILINITY OF ITE	REACH				20-2847	013		
Dar		Reason for Public Charity	Status. (All orga	anizations must com	plete this	part.) S	ee instructions.			
he c	rga	nization is not a private foundation	hecause it is: (For	lines 1 through 12, che	eck only of	ie pox.)				
1		A church, convention of churches	, or association of c	t. Cabadala E (Corm Of	oni i	טנטאני אניה,	Α·/··			
2		A school described in section 170	)(b)(1)(A)(ii). (Attac	n Schedule E (Folin 9)	20).} 470(h)/:	41/A1/HI				
3		A hospital or a cooperative hospit	al service organiza	tion described in secur	)(Q)UTF NC	: )(P()(III).	zniky a vojek Ente	rthe		
4		A medical research organization hospital's name, city, and state:						~~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~		
5		An organization operated for the section 170(b)(1)(A)(iv). (Compl	ete Part II.)			The same of the sa	4.4	ped III		
6		A federal, state, or local government	ate, or local government or governmental unit described in section 170(b)(1)(A)(v)							
7	X	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	П	A community trust described in s	ection 170(b)(1)(A)	(vi). (Complete Part II.	)			t 11		
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
10		university:	elves (1) more than	n 33 1/3% of its suppor	t from con	tributions	, membership fees, a	and gross		
IV	اـــا	university:  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11		l Am arganization organized and c	norsted eyclusively	to test for public safet	y. See <b>se</b> c	tion buy(	a)(4).			
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
	resident and the state of the s									
ŧ	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.									
•	)	Type II. A supporting organiz control or management of the	ation supervised of supporting organization	controlled in connection vested in the sar	He horson	o mar as.		• •		
	:	L I am	A A D made in a construct of the	racolycian angraigh i	onnection	on with, a	nd functionally integr	rated with,		
	-	its supported organization(s)	(see instructions).	Aofi Wist combiere L	tod in con	naction W	ith its supported orga	anization(s)		
•	k	its supported organization(s)  Type III non-functionally integrated in that is not functionally integrated integrated in the supported organization in the supported organization is supported organization(s).	ited. The organizati	on yenerany musi sou- toto Part IV. Sections	A and D.	and Part	٧.			
	е	At a state bear if the armonis	ation remained a Will	nen delelminskon hok	י כי וו שווו וו	BIOL IL IO O	Type I, Type II, Typ	e III		
,	•	functionally integrated, or \\y	pe III non-tunctiona	lly integrated supportin	ig organiza	ation.		[ (		
	F	Enter the number of supported of	rganizations							
<del></del>	g ,	Provide the following information  Name of supported organization	about the support	(III) Type of organization	(iv) is the o		(v) Amount of monetary	(vi) Amount of other support (see		
		d tierre of orthograph and and	• • •	(described on lines 1-10 above (see instructions))	listed in you docun		support (see Instructions)	instructions)		
				annia (see iisannenaiia))						
					Yes	No				
(A)		A A					1			
							<u> </u>			
(B)										
(C)						<u> </u>				
(D)				1						
(E)				, ·						
	in I						(	<u> </u>		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part II

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 💎 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	89,875	75,063	72,310	85,555	69,399	392,202
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		:			<b>^</b>	0
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge		·		18 Jan		0
4	Total. Add lines 1 through 3	89,875	75,063	72,310	°85,555	♦ 69,399	392,202
5	The portion of total contributions by				12 (17 (18 (18 (18 (18 (18 (18 (18 (18 (18 (18		
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			700 - 700 M	## ##\$\frac{1}{2}	60 may 20 ma	
6	Public support, Subtract line 5 from line 4						392,202
	tion B. Total Support					/-\ 2024	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	े ू <b>(टे</b> ) 2019 े	(d) 2020	(e) 2021	
7	Amounts from line 4	89,875	75,063	72,310	85,555	69,399	392,202
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources		4.0				0
9	Net income from unrelated business						
ŭ	activities, whether or not the business is regularly carried on	<b>~</b>	( 9				0
10	Other income. Do not include gain or	253					
	loss from the sale of capital assets (Explain in Part VI.)		<u></u>				0
11	Total support. Add lines 7 through 10		\$				392,202
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop here:	<u> </u>		or fifth tax year as	a section 501(c)(3		▶□
	tion C. Computation of Public Su					14	100.00%
	Public support percentage for 2021 (line 6, c	column (f), divided	by line 11, column	(1))		15	100.00%
15	Public support percentage from 2020 Sched 33 1/3% support test—2021. If the organiz	ше А. Рап II, іте	the house lies of		1/3% or more chi		
168	and stop here. The organization qualifies a	agon did noi checi s a publiciv suppoi	ted organization.	5, and the 14 is 55			<b>▶</b> X
b	33 1/3% support test 2020, if the organiz						<b></b>
	box and stop here. The organization qualifi	es as a publicly su	pported organizati	on			▶ []
	10%-facts-and-circumstances test—202' 10% or more, and if the organization meets Part VI how the organization meets the facts organization.	If the organization     the facts-and-circustance     and-circumstance	on did not check a imstances test, chi es test. The organi	box on line 13, 16a eck this box and st zation qualifies as	a, or 16b, and line top here. Explain i a publicly supporte	14 N ed 	
b	10%-facts-and-circumstances test—2020 15 is 10% or more, and if the organization in In Part VI how the organization meets the fa organization	If the organization the facts and facts are facts and facts and facts are facts and facts and facts are facts are facts and facts are facts are facts are facts and facts are facts are facts are facts and facts are facts a	on did not check a l-circumstances te nces test. The orga	box on line 13, 16a st, check this box a anization qualifies a	a, 16b, or 17a, and and stop here. Exp as a publicly suppo	line plain orted	▶ 🗌
18	Private foundation, if the organization did instructions	not check a box or	n line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

Sec	tion A. Public Support	anny disder the	icoto notou poi	ow, picase con	ipioto i dicii.)		
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 20 17	(0) 20.0	(9) 20 10	(-)		
•	received. (Do not include any "unusual grants.")						0
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					<u>.</u>	0
3	Gross receipts from activities that are not an					W.	
•	unrelated trade or business under section 513			-	<b>€</b>		0
4	Tax revenues levied for the				1	1	
	organization's benefit and either paid to				(P)		
	or expended on its behalf					্	0
5	The value of services or facilities				10-40-40		
	furnished by a governmental unit to the	!					
	organization without charge						0
6	Total. Add lines 1 through 5	0		0	0	0	0
7a	Amounts included on lines 1, 2, and 3			4		]	
	received from disqualified persons			<u> </u>			0
b	Amounts included on lines 2 and 3			173-1802	10 y)		
	received from other than disqualified	·			\cs ²		
	persons that exceed the greater of \$5,000						_
	or 1% of the amount on line 13 for the year		<				C
c	Add lines 7a and 7b	0	. ~ [	) ``` ``` 0	0	0	<u>Q</u>
8	Public support (Subtract line 7c from						0
	line 6.)				F. A. C.	20-10-00-00-00-00-00-00-00-00-00-00-00-00	<u> </u>
	tion B. Total Support	1 (-) 0047	(%, (%) 2040 %	(a) 2010	(4) 2020	(e) 2021	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018°	(c) 2019	(d) 2020		(I) Total
9	Amounts from line 6	<u> </u>		1		<u>-</u>	
10a	Gross income from Interest, dividends,	4					
	payments received on securities loans, rents,	2000				}	С
_	royalties, and income from similar sources	,01	<u> </u>				
D	Unrelated business taxable income (less		, and		1		
	section 511 taxes) from businesses	1/2-300	}·				C
_	acquired after June 30, 1975	0				0	C
11	Net income from unrelated business			2			
••	activities not included on line 10b, whether	据。"					
	or not the business is regularly carried on				İ		C
12	Other income. Do not include gain or	À					
•	loss from the sale of capital assets	<u>tro</u>	1				
	(Explain in Part VI.)	i				<u> </u>	Ç
13	Total support. (Add lines/9, 10c, 11,						,
	and 12.)	0		0  (	0  (	0	ι
14	First 5 years. If the Form 990 is for the org						<b>⊾</b> □
	organization, check this box and stop here						
Se	ction C. Computation of Public Su	ipport Percent	age			T -= T	0.000
15	Public support percentage for 2021 (line 8,					15	0.00%
16	Public support percentage from 2020 Sched				<u> </u>	16	0.00%
Sec	ction D. Computation of Investme						0.000
17	Investment income percentage for 2021 (lin					17	0.00%
18	Investment income percentage from 2020 §	Schedule A, Part III	, line 17			18	0.00%
19a	33 1/3% support tests—2021. If the organ	nization did not che	ck the box on line	14, and line 15 is	more than 33 1/3%	, and line 17 is	<b>⊾</b> □
	not more than 33 1/3%, check this box and	stop here. The or	ganization qualific	es as a publicly sup	porteg organization	1	<del>-</del> L.,
b	33 1/3% support tests—2020. If the organ	nization did not che	eck a box on line	4 or line 19a, and i	me to is more than	1 00 1/070, aliu	<b>⊾</b> □
	line 18 is not more than 33 1/3%, check this  Private foundation. If the organization did	s box and stop he	re. The organizati	on qualifies as a pu	iblicly supported of	ganizakon	· · · ·
20	Potenta formalation of the comprised on did	t not chook a boy a	n line 14 10a or	19h check this hox	and see instructio	NS	

Page 4

Part IV Supporting Organizations

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

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

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Part	Supporting Organizations (continued)		
44	Hoo the exemination and the description of the second state of the	Y	es 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	44	
b	11c below, the governing body of a supported organization?	11a	
C	A family member of a person described on line 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11b	
·	detail in Part VI.	11c	1.70
Secti	on B. Type I Supporting Organizations	[110]	
		Y	es No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office s		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	*****	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		40.
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	
Secti	on C. Type II Supporting Organizations		
~~~	4: 1760 il Ambhainnin Aidmineanain	1	es No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	5.	
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	11	L
Secti	on D. All Type III Supporting Organizations	<del></del>	7 1 ns
	Betale was a state of the search of the	720,758 (38	res No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		400.8
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	18 18 18 18 18 18 18 18 18 18 18 18 18 1	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2 above, did the organization's supported organizations have		30
	a significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		16000
C61	supported organizations played in this regard:	3	
	on E. Type III Functionally Integrated Supporting Organizations	inctructions	<del> </del>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nsuucuons,	<b>/</b> -
a	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	har ea es	
¢	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity		
2	Activities Test. Answer lines 2a and 2b below.		Yes N
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		aytut [il. r
•.	that these activities constituted substantially all of its activities.	2a	1,642
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	3 gr. 2	<b>建发生</b>
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	Mine PR A
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		4-2
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
~	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	
		chedule A (For	m 990) 20

SQUIREM (FORM SERVICE)	_		
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	- C
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trusi	t on Nov. 20, 1970 (explain i	n Part VI). 300
Instructions. All other Type III non-functionally integrated supporting organize	zatio	ns must complete Sections	A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	· · · · · · · · · · · · · · · · · · ·	
2 Recoveries of prior-year distributions	2		······································
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	<u> </u>
5 Depreciation and depletion	5		<del></del>
6 Portion of operating expenses paid or incurred for production or collection of	i 1	₩	
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	€%, ,& 0	0
Section B - Minimum Asset Amount		(A) Rrior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	0000	(i)	
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1â		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	A VA	
d Total (add lines 1a, 1b, and 1c)	10	0	0
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	1		
see instructions).	4	į <u> </u>	
Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6 Multiply line 5 by 0.035.	6	0	
7 Recoveries of prior-year distributions	7	C	0
8 Minimum Asset Amount (add line 7 to line 6)	8	C	0
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A. line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
	4		0
4 Enter greater of line 2 or line 3.	5		
O BIODITE IEIX BIDOGOG III PITOL YOU			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		0
emergency temporary reduction (see instructions).  7			organization (see
	y 111	redistress of hearts and the same	
Instructions).	<del>نال سنبي بي</del>		Schedule A (Form 990) 2021
** ***** *****************************			

Part V	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organia	ations (continued)	
Sectio	n D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	tions 3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required-p	5		
6	Other distributions (describe in Part VI). See instructions.	_6		
7	Total annual distributions. Add lines 1 through 6.		7.	0
8	Distributions to attentive supported organizations to which the	ne organization is respor	isive	\
	(provide details in Part VI). See instructions.		8	<u>₽</u> 0
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		<u> </u>	0.000
		- AN	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(1) Excess Distributions	Underdistributions	Distributable
			Pre-2021	Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		904 246 <u> </u>	0
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required—explain in Part VI). See		NA.	
	instructions.	San	<u> </u>	
3	Excess distributions carryover, if any, to 2021	<u> </u>		Starting and the sales of the sales
а	From 2016	1		
b	From 2017	419 550, 70		
C	From 2018	A Park The Control of		
d				
е	From 2020			
f	Total of lines 3a through 3e	<u> </u>		
g	Applied to underdistributions of prior years	YA S		0
h	Applied to 2021 distributable amount			
ī	Carryover from 2016 not applied (see instructions)		27 S. P. S.	
i	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.	<u>[</u>		
4	Distributions for 2021 from			
	Section D, line 7:			0
a	Applied to underdistributions of prior years			0
b	Applied to 2021 distributable amount			· ·
C	Remainder. Subtract lines 4a and 4b from line 4		<u>                                     </u>	6 ALL CARROLL WOODS SCHOOL STOLE
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			۸
	greater than zero, explain in Part VI. See instructions.			0
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			<b>0</b>
	in Part VI. See Instructions			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			en Programme de la companya del companya del companya de la compan
8	Breakdown offine#			
a	EXCESS HOLL 2006 - 224 : 1	0		
b	Excess from 2018	0		
Ç	Excess from 2019	0		
d	Excess from 2020	0		
e		0		0.1
***************************************				Schedule A (Form 990) 2021

Schedule A (F	orm 990) 2021 SOUTHEAST RURAL COMMUNITY OUTREACH Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17	20-2847013 a or 17b: Part	Page 8
t dit vi	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, I 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Pa	t IV, Section ines 1c, 2a, 2b,	
<del></del>	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		ne manuscus de l'Adria de l'Adria
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			Town State Service
		Schedule A (I	ATH SOA! TAY

#### Schedule B

(Form 990)

#### **Schedule of Contributors**

OMB No. 1545-0047

2004

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990 or Form 990-PF.

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

2021

Employer identification number

SOUTHEAST RURAL COM	OUTHEAST RURAL COMMUNITY OUTREACH						
Organization type (check o							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ation					
	501(c)(3) taxable private foundation						
Check if your organization I	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	d a Special Rule. See					
instructions.							
General Rule							
or more (in money	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributor property) from any one contributor. Complete Parts I and II. See instruction	itions totaling \$5,000 ons for determining a					
contributor's total of	contributions.						
Special Rules							
regulations under	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/sections 509(a)(1) and 1/70(b)(1)(A)(vi), that checked Schedule A (Form 990 ived from any one contributor, during the year, total contributions of the greaturt on (i) Form 990, Part VIII Line 1h; or (ii) Form 990-EZ, line 1. Complete F	o), Part II, line 13, 162, 01 ater of (1) \$5,000; or					
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that repeat the year, total contributions of more than \$1,000 exclusively for religious, chonal purposes, or for the prevention of cruelty to children or animals. Complete instead of the contributor name and address), II, and III.	jantabie, scientific,					
For an organization contributor, during contributions total during the year for General Rule and	on described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that is the year, contributions exclusively for religious, charitable, etc., purposes, be admore than \$1,000. If this box is checked, enter here the total contribution an exclusively religious, charitable, etc., purpose. Don't complete any of the olies to this organization because it received nonexclusively religious, charitamore during the year.	out no such is that were received e parts unless the able, etc., contributions					
Caution: An organization must answer "No" on Part	that isn't covered by the General Rule and/or the Special Rules doesn't file Start IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or	Schedule B (Form 990), but it on its Form 990-PF, Part I, line					

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization SOUTHEAST RURAL COMMUNITY OUTREACH

Employer identification number 20-2847013

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHLAND COUNTY HOSPITALITY TAX GRANT 2020 HAMPTON STREET COLUMBIA SC 29204 Foreign State or Province: Foreign Country:	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions ❖	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(C) (C) (√)	(d) Type of contribution
	Foreign State or Province: Foreign Country:	/s	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country;	\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
SOUTHEAST RURAL COMMUNITY OUTREACH

Employer identification number 20-2847013

oncash Property (see instructions). Use duplicate co	pples of Part II II additional spa	ce is needed.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(b)  Description of noncash property given	(c) FMV (or estimate) (Sée instructions.)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(b)  Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
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(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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	Description of noncash property given   (b) Description of noncash property given  (c) FMV (or estimate) (see instructions.)  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions.)  (d) FMV (or estimate) (see instructions.)  (e) FMV (or estimate) (see instructions.)  (f) FMV (or estimate) (see instructions.)  (h) Description of noncash property given  (c) FMV (or estimate) (see instructions.)  (c) FMV (or estimate) (see instructions.)  (d) FMV (or estimate) (see instructions.)  (e) FMV (or estimate) (see instructions.)	

lame of orga	anization ST RURAL COMMUNITY OUTREACH			Employer identification number 20-2847013				
Part III	Exclusively religious, charitable, etc., con (10) that total more than \$1,000 for the year the following line entry. For organizations contributions of \$1,000 or less for the year.	ar from any o mpleting Part (Enter this info	ne contributor. Complete III, enter the total of exclusion fromation once. See instru	d in section 501(c)(7), (8), or e columns (a) through (e) and esively religious, charitable, etc.,				
	Use duplicate copies of Part III if additional s	pace is need	ed.					
(a) No. from Part I	(b) Purpose of gift	(c)	) Use of gift	(d) Description of how gift is held				
		(e) T	ransfer of gift					
	Transferee's name, address, and ZI	P+4	Relationsh	ip of transferor to transferee				
	75 The state of the State of the control of the state of			1)				
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	For, Prov. Country							
(a) No. from Part I	(b) Purpose of glift	(c	) Use of gift	(d) Description of how gift is held				
		:: (A)	ranefor of gift					
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee							
	Transferee's name, address, and Z	P + 4	Relations	ip of transieror to transieroe				
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(=\ N=	For. Prov. Country	160 EV						
(a) No. from Part I	(b) Purpose of gift	(c	:) Use of gift	(d) Description of how gift is held				
	\$ 10 mm							
		(e) ·	Transfer of gift					
	Transferee's name, address, and Z	JP+4	Relations	hip of transferor to transferee				
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	For. Prov. A Country							
(a) No. from Part I	(b) Purpose of gift	. (	c) Use of gift	(d) Description of how gift is held				
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		(e)	Transfer of gift					
	Transferee's name, address, and 2	ZIP + 4	Relations	hip of transferor to transferee				
		]:						
	For Prov. Country	<del></del>		Schedule B (Form 990) (202				

#### **SCHEDULE L** (Form 990)

**Transactions With Interested Persons** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of	the organization								Embio	yer me	muncat	ion nun	IIDAI		
SOUTH	HEAST RURAL COM	MUNITY	OUTR	EACH								. > \$			
Part	Excess Benefit Complete if the	Transac organizat	tions (	(section 501(c) swered "Yes" c	(3), sec on Forn	otion 501 n 990, Pa	l(c)(4), and art IV, line	section 25a or	on 501(c)(29) org 25b, or Form 99	janiza 90-EZ,	tions o	only). V, line	40b.		
		•	actions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  ation answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40  (b) Relationship between disqualified person and organization (c) Description of transaction  (c) Description of transaction  (d) Description of transaction  (e) Description of transaction  (f) Description of transaction  (g) Indefaulty, line 26; or if the amount on Form 990, Part X, line 5, 6, or 22.  (g) In defaulty, line 40  (g) In defaulty, line 40  (h) Relationship between disqualified person and organization	- 1	(d) Corr	ected?									
1	(a) Name of disqualifie	d person							(c) Description	OI GOIR	action			Yes	NΩ
(1)										ĵ.	<u> </u>				
(2)							,			1					
(3)									<i>*</i>						
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3	under section 4958.									• • • • • • • • • • • • • • • • • • •	1	➤ \$, ➤ \$,			
Part	Complete if the	organiza	tion an	swered "Yes" (	on Forr ), Part )	n 990-E X, line 5,	Z, Part V, li 6, or 22.	ine 38		art IV,	line 2	26; or	if the		
(a) Na	ame of interested person	(b) Relation			fror	n the	(e) Origi principal an	nal nount	' (f) Balance due	(g) in d	lefault?	by bo	erd or		/ritten ment?
				,	Τo	From	Que Top,			Yes	No	Yes	No	Yes	No
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Total.				27.00	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	<del></del>	<u>.▶ \$</u>		)]			171 4,381,000	7.00	graga .
Part	Grants or Ass Complete if the	organiza	ation a	riswered "Yes"	on For	ns. m 990, I	Part IV, line	27.			1				
{a}	Name of interested person	(b)	Relation: person a	ship between intere and the organization	ested (	(c) Amount	of assistance		(d) Type of assistance	 	<u> </u> '	(e) 1-nub	ose of a	issistar	
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(4) (5) (6) (7)	*										-				
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(9)											<del> </del>		,	-	

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

Schedule L (Form 990) 2021

Page 2

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation'
1) 2)				Yes	No	
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art V	Provide additional information	n for responses to questions on	Schedule L (see ins	tructions)		
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#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification numbe

SOUTHEAST RURAL COMMUNITY OUTREACH 20-2847013 Form 990-EZ, Part I, Line 16, Other Expenses: PROGRAM EXPENSE: 47,299

Schedule O (Form 990) 2021 Name of the organization	Page Z
	Employer identification number
SOUTHEAST RURAL COMMUNITY OUTREACH	20-2847013
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Schedule O (Form 990) 2021

#### Form 8453-TF

#### Tax Exempt Entity Declaration and Signature for Electronic Filing

OMB No. 1545-0047

Department of the Treasury

For calendar year 2021, or tax year beginning 7/1, 2021, and ending 6/30, 20, 22 For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

Internal Revenue Service Go to www.irs.gov/Form8453TE for the latest information. Name of filer EIN or SSN SOUTHEAST RURAL COMMUNITY OUTREACH 20-2847013 Type of Return and Return Information Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return, Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only, if you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here . . . . Total revenue, if any (Form 990, Part Vill, column (A), line 12) . . . 0 Form 990-EZ check here . . • X b Total revenue, if any (Form 990-EZ, line 9) . . . . . . . . . . . . . . . 69,399 Form 1120-POL check here . > 3a 3b b 0 Form 990-PF check here . . > 4a b Tax based on investment income (Form 990-PF, Part V, line 5) . . . 4b 0 Form 8868 check here . . . . 5b 0 Form 990-T check here . . . . 6а 6b 0 b Form 4720 check here . . . > 7b b O, Form 5227 check here . . . . FMV of assets at end of tax year (Form 5227, Item D) . . . . . . 8b 0 Form 5330 check here . . . . . 9b b 0 10a Form 8038-CP check here . . ▶ [ þ Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . 0 Part II **Declaration of Officer or Person Subject to Tax** I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. ыXI If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that X I am an officer of the above named entity or I am the person subject to tax with (EIN) 20-2847013 respect to (name of entity) SOUTHEAST RURAL COMMUNITY OUTREACH and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my Intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Sign Treasurer Here Signature of officer or person subject to tax Title, if applicable Date Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true. correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. **ERO's SSN or PTIN** Date Check if also Check if self-ERO's ERO's paid preparer employed signature Use Firm's name (or EIN yours if self-employed). Only Phone no. address, and ZIP code Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge PTIN Print/Type preparer's name Preparer's signature Date Check if self-Paid employed Preparer Firm's EIN Firm's name Use Only Phone no. Firm's address

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer Identification number
SOUTHEAST RURAL COMMUNITY OUTREACH	20-2847013
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#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

SOUTHEAST RURAL COMMUNITY OUTREACH	20-2847013
Form 990-EZ, Part I, Line 16, Other Expenses: PROGRAM EXPENSE: 47,299	
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	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shi organi: rever	aring o zation' nues?						
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Part V	Supplemental Information. Provide additional information	_				********						
	Provide additional information	for responses to questions on	Schedule L. (see inst	ructions);/								
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### Form **8453-TE**

# Tax Exempt Entity Declaration and Signature for Electronic Filing

Department of the Treasury Internal Revenue Service

For calendar year 2021, or tax year beginning  $\frac{7}{1}$ , 2021, and ending  $\frac{6}{30}$ , 20  $\frac{22}{30}$ For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP ► Go to www.irs.gov/Form8453TE for the latest information.

2021

OMB No. 1545-0047

Name of file	lame of filer							EIN or SSN					
SOUTHEAST RURAL COMMUNITY OUTREACH							20-2	20-2847013					
Part I	Ту	pe of Return a	nd Retu	rn Inform	atio	n			····				·
8038-CP <b>1a, 2a, 3</b> a leave line	and Fo a, 4a, 5 e 1b, 2	or the type of return 5330 filers maid, 6a, 7a, 8a, 9a, 5b, 4b, 5b, 6b, 7a, 4b, 6b, 7a, 6b	y enter de or 10a be 7b, 8b, 9k	ollars and c low, and the o, or <b>10b,</b> w	ents. e am hiche	. For all othe lount on that ever is appli	er forms t line of cable,	s, enter whole d f the return bein blank (do not en	ollars only. g filed with t	lf yo his f	u check ti orm was	he bo blank	x on line x, then
		n the applicable lin	e below.							401	1	1	
		check here								1	1b	0	
		EZ check here			Total revenue, if any (Form 990-EZ, line 9)						T I		69,399
		-POL check here			<b>Total tax</b> (Form 1120-POL, line 22)						ľ	3b	0
		PF check here			Tax based on investment income (Form 990-PF, Part V, li						1	4b	0
		check here	***************************************								ſ	5b	0
			check here <b>b</b> Total tax (Form 990-T, Part III, line 4)							f	6b	0	
		check here	•		-			-				7b	0
		check here check here	•					rear (Form 5227 ne 19)				8b 9b	0
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Part II		claration of Of					requesi	eu (i Oim 0030-Ci	, r ait iii, iiiie .			10b	0
F		ze the U.S. Treasur		······································		······································	<del></del>						
federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.  If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).  Under penalties of perjury, I declare that X I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) SOUTHEAST RURAL COMMUNITY OUTREACH (EIN) 20-2847013 and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.  Sign Thomas Gunter													
Here	Sig	signature of officer or person subject to tax Date Title, if applicable											
If I am only The entity be filed wi Informatio have exar	hat I ha y a colle officer of th the If n for Au nined th	relaration of Eleve reviewed the above reviewed the above responsible to the officer or pathorized IRS e-file lee above return and plete. This Paid Prejud P	ove return onsible for tax will ha person sub Providers t accompai	and that the reviewing the ave signed the oject to tax, a for Business nying schedu	entrice e retunis for and ha Retu ules a	es on Form 8 urn and only or rm before I su ave followed irns. If I am al and statemen	453-TE declare ibmit th all othe lso the l ts, and,	are complete and that this form acc e return. I will give r requirements in Paid Preparer, un to the best of my	d correct to the curately reflect a copy of a Pub. 4163, Mar penalties knowledge a	ne be its th Il forr lode of p	est of my k e data on ns and inf rnized e-F erjury I de	the re ormat ile (M clare	eturn. ion to leF) that I
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