Return of Organization Exempt From Income Tax

OMB No. 1545-0047

21

20

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| | | | 5 | | | | | | | | |
|--------------------------------|------------|----------------|--|----------|---------------------|--|----------------------------|--|--|--|--|
| Α | For the | e 2021 calend | dar year, or tax year beginning 01/01/2021 and ending | | 12/31/2 | 021 | | | | | |
| в | Check if | f applicable: | C Name of organization WORLD WIDE VILLAGE INCORPORATED | | | D Emple | oyer identification number | | | | |
| | Address | s change | Doing business as | | | | 41-2014011 | | | | |
| | Name c | hange | Number and street (or P.O. box if mail is not delivered to street address) Ro | te | E Telepł | none number | | | | | |
| | Initial re | turn | 403 Jackson Street Suite 308 | | | 651-777-6908 | | | | | |
| | Final ret | urn/terminated | | | | | | | | | |
| | Amende | ed return | | G Gross | receipts \$ 428,395 | | | | | | |
| | Applicat | tion pending | F Name and address of principal officer: Randall Mortensen | H(a |) Is this a gro | a group return for subordinates? 🗌 Yes 🔽 N | | | | | |
| | _ | | 403 Jackson Street, Suie 308, Anoka, MN 55303 | H(b |) Are all su | bordinat | es included? 🗌 Yes 🗌 No | | | | |
| I | Tax-exe | empt status: | ✓ 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 | lf "N | No," attach | a list. Se | ee instructions. | | | | |
| J | Website | e: 🕨 www.w | orldwidevillage.org | H(c |) Group ex | emption | number 🕨 | | | | |
| к | Form of | organization: | Corporation ☐ Trust ☐ Association ☐ Other ► L Year of format | ition: | 2001 | M State | of legal domicile: MN | | | | |
| Ρ | art I | Summa | ry | | | | | | | | |
| | 1 | Briefly des | cribe the organization's mission or most significant activities: Commu | unity d | evelopme | ent and | economic | | | | |
| S | | empowerm | ent focused on eliminating chronic dependency. Spiritual development a | and cor | mmunity | enrichr | ment through | | | | |
| nan | | broad-rang | ing education and health care. | | | | | | | | |
| veri | 2 | Check this | box \blacktriangleright [] if the organization discontinued its operations or disposed | of mo | re than 2 | 25% of | its net assets. | | | | |
| ĝ | 3 | Number of | voting members of the governing body (Part VI, line 1a) | | | 3 | 9 | | | | |
| š | 4 | Number of | independent voting members of the governing body (Part VI, line 1b) |) | | 4 | 9 | | | | |
| ties | 5 | Total numb | per of individuals employed in calendar year 2021 (Part V, line 2a) . | | 5 | 0 | | | | | |
| Activities & Governance | 6 | Total numb | per of volunteers (estimate if necessary) | | 6 | 60 | | | | | |
| A | 7a | Total unrel | ated business revenue from Part VIII, column (C), line 12 | | | 7a | 0 | | | | |
| | b | Net unrelat | ted business taxable income from Form 990-T, Part I, line 11 | | | 7b | 0 | | | | |
| | | | _ | | Prior Year | | Current Year | | | | |
| e | 8 | | ons and grants (Part VIII, line 1h) | | 3 | 73,037 | 425,148 | | | | |
| enu | 9 | • | ervice revenue (Part VIII, line 2g) | | 0 | 2,928 | | | | | |
| Revenue | 10 | | t income (Part VIII, column (A), lines 3, 4, and 7d) | | 0 | 319 | | | | | |
| | 11 | | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 0 | 0 | | | | |
| | 12 | | ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3 | 73,037 | 428,395 | | | | |
| | 13 | | I similar amounts paid (Part IX, column (A), lines 1–3) | | : | 34,170 | 61,747 | | | | |
| | 14 | | aid to or for members (Part IX, column (A), line 4) | | | 0 | 0 | | | | |
| es | 15 | Salaries, ot | her compensation, employee benefits (Part IX, column (A), lines 5–10) | | | 68,474 | 125,030 | | | | |
| Expenses | 16a | | al fundraising fees (Part IX, column (A), line 11e) | | | 0 | 0 | | | | |
| ğ | b | | aising expenses (Part IX, column (D), line 25) | | | | | | | | |
| ш | 17 | | enses (Part IX, column (A), lines 11a–11d, 11f–24e) | 2 | 14,596 | 162,441 | | | | | |
| | 18 | | nses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | 3 | 17,240 | 349,218 | | | | |
| | 19 | Revenue le | ess expenses. Subtract line 18 from line 12 | | ! | 55,797 | 79,177 | | | | |
| Net Assets or Fund Balances | | | | Beginnir | ng of Curre | ent Year | End of Year | | | | |
| set | 20 | | s (Part X, line 16) | | 5 | 12,495 | 624,469 | | | | |
| at As | 21 | | ties (Part X, line 26) | | | 3,453 | 1,448 | | | | |
| | | | or fund balances. Subtract line 21 from line 20 | | 50 | 09,042 | 623,021 | | | | |
| P | art II | Signatu | re 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.

| Sign Here | Signature of officer Randy Mortensen, President Type or print name and title | 2 | | | | | | | | | | |
|---|--|----------------------|----------------|--------|------------------------|----------------|----------|--|--|--|--|--|
| Paid Preparer | Print/Type preparer's name | Preparer's signature | Date | | Check if self-employed | PTIN | | | | | | |
| Use Only | Firm's name | | | Firm's | s EIN 🕨 | | | | | | | |
| | Firm's address ► | | | Phon | e no. | | | | | | | |
| May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | | | | |
| For Paperwo | rk Reduction Act Notice, see the separa | ate instructions. | Cat. No. 11282 | (| | Form 99 | 0 (2021) | | | | | |

| | 90 (2021) Page |
|------|---|
| Part | |
| 4 | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: To equip and support families and local churches in Haiti by creating sustainable communities through education, health care, |
| | housing, and economic development while sharing the Gospel and the love of Jesus Christ. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| 3 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured b expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$82,943 including grants of \$) (Revenue \$112,526) |
| | COMMUNITY DEVELOPMENT: Funded and supervised community grants and microfinance projects to stimulate businesses; |
| | provided medical care at World Wide Village medical clinic staffed with Haitian providers; expanded water distribution; expanded community goat herd and family goat distribution; trained agricultural processes; continued chicken production; built or repaired homes for families in Williamson. |
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| | |
| 4b | (Code:) (Expenses \$ 186,797 including grants of \$) (Revenue \$ 214,419) EDUCATION: Supported five Christian schools in Luly, Williamson and the rural mountain areas by funding teachers and staff and |
| | providing daily meals, health check ups and supplies. Provided books and teaching materials. Facilitated teacher training for supported schools as well as community schools. There are currently over 1545 students attending five schools and 81 teachers and staff are employed in the five locations. Provided post-secondary funding for select students graduating from our programs. |
| | |
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| | |
| | |
| 4c | (Code:) (Expenses \$64,392 including grants of \$) (Revenue \$73,746) COMMUNITY IMPACT: Facilitated pastoral trainings for Haitian pastors and key lay leaders; hosted International Impact Teams |
| | who enhanced training of Haitians; funded youth soccer tournament; supported missionaries on the field. |
| | |
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| | |
| 4d | Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) |
| 4e | Total program service expenses ► 334,132 |
| | |

| Form 99 | D (2021) | | I | Page 3 |
|----------|---|-----|-----|--------|
| Part | V Checklist of Required Schedules | | | |
| | Is the experimetion described in section $E(1/2)/2$ or $40.47/2/(1)$ (other then a private foundation)? If "Vec " | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | ~ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | ~ | |
| 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 | | ~ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | ~ |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | 5 | | ~ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 6 | | ~ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | ~ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | | ~ |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> . | 9 | | ~ |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . | 10 | | ~ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | ~ | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | 11b | | ~ |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | | ~ |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | | ~ |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | ~ |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | | ~ |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | ~ |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | ~ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | ~ |
| 14a b | Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 14a | ~ | |
| | 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 | | ~ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 | | ~ |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | 16 | ~ | |
| 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 | | ~ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . | 18 | | ~ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | | ~ |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ~ |
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | ~ |

| | 90 (2021) | | | Page 4 |
|--------------|---|------------|-----|----------------------|
| Part | V 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 | res | 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 | | - |
| 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 | | ~ |
| b c | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If "Yes," complete Schedule L, Part I</i> | 24d 25a | | ~ |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | ~ |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | ~ |
| 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, Part III</i> | 27 | | ~ |
| 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</i> "Yes," complete Schedule L, Part IV | 28a | | ~ |
| b c | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> 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> | 28b 28c | | ~ |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 29 30 | | ~ ~ |
| 31 32 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 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> | 31 | | ~ ~ |
| 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 | | ~ |
| 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 | | ~ |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | ~ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | ~ |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | ~ | |
| Part | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a b c | 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 (gambling) winnings to prize winners? | 1c | ~ | |

| Form 99 | | | | Page 5 |
|---------|--|-----|-----|--------|
| Part | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | 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? | 3a | | ~ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | ~ | |
| b | If "Yes," enter the name of the foreign country | iu | • | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| - | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ~ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ~ |
| с 6а | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| Ua | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ~ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots . | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 7h | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| a b | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| - | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ~ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | ~ |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | ~ |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 49532 | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |

| Part | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | | |
|-------------------|--|-------------------|----------|------------------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | |
| Secti | ion A. Governing Body and Management | | | |
| 4 | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 1a 1a 1a 1a 1a 1a 1a | | | |
| ь 2 | Enter the number of voting members included on line 1a, above, who are independent . 1b 9 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 | ~ | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . | 3 | | ~ |
| 4 5 6 7a | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders? | 4 5 6 7a | | ン ン ン ン |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7a 7b | | ~ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | ~ | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | ~ | |
| 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? <i>If "Yes," provide the names and addresses on Schedule O</i> | 9 | | ~ |
| Secti | ion B. Policies (This Section B requests information about policies not required by the Internal Rever | iue C | <u> </u> | |
| 10- | Did the superior tion have least charters, humaning, or effiliates? | 10- | Yes | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | ~ |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | ~ | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | - | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | V | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | ~ | |
| 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 | ~ | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | ~ |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | ~ |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | ~ |
| b | Other officers or key employees of the organization | 15b | | ~ |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | ~ |
| 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? | 46 | | |
| Sect: | | 16b | | |
| | ion C. Disclosure | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed ► MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | ·T (sec | tion 5 | 501(c |

- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► Patricia Mortensen, (651)777-6908

Form 990 (2021)

Page 6

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

| | | | | (0 | C) | | | | | |
|-------------------------|-----------------------|---|-----------------------|---------|--------------|---------------------------------------|--------|-----------------------------|-----------------------------------|--------------------------|
| (A) | (B) | | | | ition | | | (D) | (E) | (F) |
| Name and title | Average | | | | | e than c | | Reportable | Reportable | Estimated amount |
| | hours | box, unless person is both an officer and a director/trustee) | | | | | | compensation | compensation | of other |
| | per week (list any | | - | _ | | · · · · · · · · · · · · · · · · · · · | | from the organization (W-2/ | from related | compensation from the |
| | hours for | Individual trustee or director | Institutional trustee | Officer | Key employee | ghe nplo | Former | 1099-MISC/ | organizations (W-2/ 1099-MISC/ | organization and |
| | related | dual | lior | Ĩ | mp | st co yee | Ψ | 1099-NEC) | 1099-NEC) | related organizations |
| | organizations below | r trus | al tr | | oye | duc | | | | |
| | dotted line) | stee | uste | | | ens | | | | |
| | | | e e | | | Highest compensated employee | | | | |
| Matthew Anderson | 5.00 | | | | | | | | | |
| Chairman of the Board | | ~ | | ~ | | | | 0 | 0 | 0 |
| Greg Ackerson | 5.00 | | | | | | | | | |
| Treasurer/Director | | ~ | | ~ | | | | 0 | 0 | 0 |
| Chad Streit | 2.00 | | | | | | | | | |
| Secretary/Director | | ~ | | ~ | | | | 0 | 0 | 0 |
| Randy Mortensen | 10.00 | | | | | | | | | |
| President/Director | | ~ | | ~ | ~ | | | 0 | 0 | 0 |
| Patricia Mortensen | 40.00 | - | | | | | | | | |
| Vice President/Director | | ~ | | ~ | ~ | | | 0 | 0 | 0 |
| Lori Ackerson | 1.00 | - | | | | | | | | |
| Director | | ~ | | | | | | 0 | 0 | 0 |
| Kimberly Anderson | 20.00 | | | | | | | | | |
| Director | | ~ | | - | | | | 0 | 0 | 0 |
| William Brass | 1.00 | | | | | | | | | |
| Director | | ~ | | | | | | 0 | 0 | 0 |
| Jennifer Streit | 1.00 | | | | | | | | | |
| Director | | ~ | | | | | | 0 | 0 | 0 |
| | + | - | | | | | | | | |
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| | | | _ | | _ | | | | | F 000 (0001) |

| Part VII Section A. Officers, Directors | , Trustees, | Key | Em | ploy | yee | s, an | d F | lighest Compe | nsated | Emplo | yees (continuea |
|---|------------------------|-----------------------------|-----------------------|---------|--------------|------------------------------|-----------|-------------------------|------------------|-----------|------------------------|
| | | | | (0 | C) | | | | | | |
| (Δ) | (A) (B) | | | | sition | | | (D) | (E) | | (F) |
| | Name and title Average | | | | | e than c | | Reportable | Report | | Estimated amount |
| Name and the | hours | | | | | is both or/trust | | compensation | compen | | of other |
| | per week | | | | - | | r ć | from the | from re | | compensation |
| | (list any | or d | nst | Officer | ey | High | Former | | organizatio | | from the |
| | hours for related | Individual t or director | t t | ĕ | Key employee | lest | ner | 1099-MISC/ 1099-NEC) | 1099-N 1099-N | | organization and |
| | organizations | jờ a | ona | | 탕 | e co | | 1099-NEC) | 1099-1 | NEC) | related organizations |
| | below | or director | l tr | | yee | npe | | | | | |
| | dotted line) | tee | Institutional trustee | | | ssue | | | | | |
| | | | ď | | | Highest compensated employee | | | | | |
| | | | | | | | | | | | |
| | | - | | | | | | | | | |
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| | | | | | | | | | | | |
| 1b Subtotal | | | · | · | • • | • | | 0 | | 0 | |
| c Total from continuation sheets to Pa | rt VII, Sectio | on A | • | | • • | | | | | | |
| | | | | | | | | 0 | | 0 | C |
| 2 Total number of individuals (including a | | d to th | iose | e list | ted | above | e) w | ho received mor | e than \$1 | 00,000 | of |
| reportable compensation from the orga | anization 🕨 | | | | | | | 0 | | | |
| | | | | | | | | - | | | Yes No |
| 3 Did the organization list any former | officer, dire | ector, | tru | ste | e, k | key er | mpl | loyee, or highes | st compe | ensated | |
| employee on line 1a? If "Yes," complete | e Schedule J | l for si | uch | ind | ividu | Jal | | | | | 3 🖌 |
| 4 For any individual listed on line 1a, is t | he sum of re | porta | ble | con | nper | nsatio | n a | nd other compe | nsation fr | om the | |
| organization and related organization | | | | | | | | | | | |
| individual | | | | | | | | | | | 4 🗸 |
| 5 Did any person listed on line 1a receive | or accrue c | omne | nsa | tion | froi | m anv | / IIn | related organizat | tion or ind | leuhivit | |
| for services rendered to the organization | | | | | | | | | | | |
| • | <i>in: ii 103, 0</i> | Joinpi | 010 | 00/ | icut | | 01 3 | | | • • | 5 🖌 🖌 |
| Section B. Independent Contractors 1 Complete this table for your five h | aboet como | onort | <u></u> | ind | | ndant | | ntractore that | aceived | more | than \$100.000 - |
| 1 Complete this table for your five h compensation from the organization. Re | | | | | | | | | | | |
| | sport comper | isatio | 10 | | Jud | Giludi | i ye T | - | | e organ | - |
| (A) | ddross | | | | | | | (B) | licos | . | (C) |
| Name and business a | 1001855 | | | | | | | Description of serv | 1085 | · · · · · | Compensation |
| None | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | 1 | | | 1 | |

| 2 | Total number of independent contractors (including but not limited to those listed above) who | |
|---|---|--|
| | received more than \$100,000 of compensation from the organization ► 0 | |

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | | | • | | (4) | (D) | | (D) |
|--|-----|---|---------|-------------|--------|---------------|-----------------------------|--|---|---|
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| ts, | 1a | Federated campaig | ns . | | 1a | 0 | | | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | b | Membership dues | | | 1b | 0 |] | | | |
| ອີຊິ | с | Fundraising events | | | 1c | 0 | 1 | | | |
| fts, r∆ | d | Related organization | | | 1d | 0 | | | | |
| lia Git | е | Government grants | | | 1e | 0 | | | | |
| ns, | f | All other contribution | | | | | | | | |
| er (| | and similar amounts not included above 1f | | | | 425,148 | | | | |
| l f in | g | Noncash contributio | ons in | cluded in | | | | | | |
| d Tr | - | lines 1a-1f | | | 1g | \$ 0 | | | | |
| a Co | h | Total. Add lines 1a- | -1f . | | | | 425,148 | | | |
| | | | | | | Business Code | | | | |
| e | 2a | Water Sales in Haiti | | | | 110000 | 2,316 | 2,316 | 0 | 0 |
| Ξa | b | Medical fees in Haiti | | | | 621400 | 612 | 612 | 0 | 0 |
| jram Ser Revenue | С | | | | | | | | | |
| me Se | d | | | | | | | | | |
| ng ng | е | | | | | | | | | |
| Program Service Revenue | f | All other program se | ervice | revenue . | | | 0 | 0 | 0 | 0 |
| - | g | Total. Add lines 2a- | | | | | 2,928 | | | |
| | 3 | Investment income | | | | | | | | |
| | | other similar amoun | | - | | | 319 | 319 | 0 | 0 |
| | 4 | Income from investn | nent c | of tax-exem | not ba | ond proceeds | 0 | 0 | 0 | 0 |
| | 5 | | | | • | • | 0 | 0 | 0 | 0 |
| | | ., | | (i) Real | | (ii) Personal | | | | |
| | 6a | Gross rents | 6a | | | | - | | | |
| | b | Less: rental expenses | 6b | | | | | | | |
| | | c Rental income or (loss) 6c 0 | | | | 0 | - | | | |
| | d | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | 7a | Gross amount from | | (i) Securit | | (ii) Other | | | | |
| | 74 | sales of assets | | | | | | | | |
| | | other than inventory | 7a | | | | | | | |
| Ð | b | Less: cost or other basis | | | | | | | | |
| Revenue | | and sales expenses . | 7b | | | | | | | |
| eve | с | Gain or (loss) | 7c | | 0 | 0 | - | | | |
| Ĕ | d | Net gain or (loss) | | | | | | | | |
| Other | 8a | Gross income from | m fu | ndraisina | - | | | | | |
| ð | ou | events (not including | | 0 | | | | | | |
| | | of contributions rep | | d on line | | | | | | |
| | | 1c). See Part IV, line | | | 8a | | | | | |
| | b | Less: direct expense | es. | | 8b | | | | | |
| | | Net income or (loss) | | | a eve | ents 🕨 | | | | |
| | 9a | Gross income f | | | ĭ | | | | | |
| | | activities. See Part I | V, line | e 19. | 9a | | | | | |
| | b | Less: direct expense | es. | | 9b | | | | | |
| | | Net income or (loss) | | | | es 🕨 | | | | |
| | | Gross sales of ir | | | | | | | | |
| | | returns and allowan | | | 10a | | | | | |
| | b | Less: cost of goods | sold | | 10b | | | | | |
| | | Net income or (loss) | | | | bry 🕨 | | | | |
| Ś | | | | | | Business Code | | | | |
| e on | 11a | | | | | | | | | |
| scellaneo Revenue | b | | | | | | | | | |
| slle %e | c | | | | | | | | | |
| Miscellaneous Revenue | d | All other revenue | | | | | | | | |
| Σ | | Total. Add lines 11a | | | | | 0 | | | |
| | 12 | Total revenue. See | | | | | 428,395 | 3,247 | 0 | 0 |
| | | | | | • | | 120,075 | 51241 | 0 | 000 |

| | Check if Schedule O contains a response | e or note to any line | in this Part IX . | <u></u> | <u></u> . L |
|----------|---|------------------------------|---|---|---------------------------------------|
| 3b, 9k | ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . | 0 | 0 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 3,450 | 3,450 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 58,297 | 58,297 | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 0 | 0 | | |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . | 0 | 0 | 0 | |
| 7 | Other salaries and wages | 125,030 | 124,830 | 200 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | 0 | 0 | |
| 9 | Other employee benefits | 0 | 0 | 0 | |
| 10 | Payroll taxes | 0 | 0 | 0 | |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 2,811 | 2,811 | 0 | |
| b | | 0 | 0 | 0 | |
| с С | | 41 0 | 0 | <u>41</u> 0 | |
| d e | Lobbying | 0 | U | U | |
| f | Investment management fees | 0 | 0 | 0 | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 0 | 0 | 0 | |
| 12 | Advertising and promotion | 247 | 147 | 100 | |
| 13 | Office expenses | 35,799 | 28,076 | 7,723 | |
| 14 | Information technology | 8,765 | 7,680 | 1,085 | |
| 15 | Royalties | 0 | 0 | | |
| 16 | Occupancy | 30,287 | 30,287 | 0 | |
| 17 18 | Travel . Payments of travel or entertainment expenses | 8,217 | 7,768 | 449 | |
| | for any federal, state, or local public officials | 0 | 0 | 0 | |
| 19 | Conferences, conventions, and meetings | 1,001 | 629 | 372 | |
| 20 | | 0 | 0 | 0 | |
| 21 22 | Payments to affiliates | 0 | 0 | 0 | |
| 22 23 | Insurance | 2,093 | 0 | 2,093 | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | 2,073 | | 2,073 | |
| а | Auto Expenses | 8,520 | 7,734 | 786 | |
| b | Supplies | 64,660 | 62,423 | 2,237 | |
| c d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 349,218 | 334,132 | 15,086 | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2021)

| | n 990 (2 | • | | | Page 11 |
|---------------|----------|--|--------------------------|-----|---------|
| F | art X | | + V | | |
| | | Check if Schedule O contains a response or note to any line in this Par | (A) Beginning of year | | |
| | 1 | Cash-non-interest-bearing | 30,795 | 1 | 89,686 |
| | 2 | Savings and temporary cash investments | 21,895 | 2 | 53,962 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 5,549 | 4 | 10,130 |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . | | 6 | |
| ts | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | 56,165 | 8 | 63,123 |
| As | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 587,840 | | | |
| | b | Less: accumulated depreciation 10b 180,272 | 398,091 | 10c | 407,568 |
| | 11 | Investments-publicly traded securities | | 11 | |
| | 12 | Investments-other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments-program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 512,495 | 16 | 624,469 |
| | 17 | Accounts payable and accrued expenses | 3,453 | 17 | 1,448 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| iab | | controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 25 | Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X | | 24 | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 3,453 | 26 | 1,448 |
| Fund Balances | | Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33. | | | |
| ala | 27 | Net assets without donor restrictions | 509,042 | 27 | 623,021 |
| B | 28 | Net assets with donor restrictions | 0 | 28 | 0 |
| , Fune | | Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33. | | | |
| Net Assets or | 29 | Capital stock or trust principal, or current funds | | 29 | |
| iets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| A SS | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| et / | 32 | Total net assets or fund balances | 509,042 | 32 | 623,021 |
| Ż | 33 | Total liabilities and net assets/fund balances | 512,495 | 33 | 624,469 |

Form **990** (2021)

| Form 99 | 90 (2021) | | | Pa | age 1 |
|---------|---|-------------|----|--------------------------|--------------|
| Pari | XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | . • |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 8,39 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | <u>349,218</u> 79,177 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 509,042 | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | .,,01 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | 3 | 4,80 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | | 62 | 3,02 |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. | plain | on | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: | | | | ~ |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | V |
| 2 | If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both: | ed on | | | - |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove | rsight | of | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accounta | nt? . | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex Schedule O. | plain | on | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133? | orth in the | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | | he | | |

Form **990** (2021)

| SCHEDULE A | |
|---------------------|---|
| (Form 990 or 990-EZ |) |

Public Charity Status and Public Support

OMB No. 1545-0047

| 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.

2021 **Open to Public** Inspection

N

| Name of the organization | | | | | Employer identification | number |
|--|---|--|--|--|---|--|
| WORLD WIDE VILLAGE INCORPORATED | | | | 41-2014011 | | |
| Part I Reason for Public Cha | rity Status. (All | l organizations mus | t comple | ete this p | oart.) See instruction | ons. |
| Part I Reason for Public Cha The organization is not a private founda 1 A church, convention of church 2 A school described in section 3 A hospital or a cooperative ho 4 A medical research organization hospital's name, city, and state 5 An organization operated for section 170(b)(1)(A)(iv). (Comment 6 A federal, state, or local gover 7 An organization that normally described in section 170(b)(1) | ation because it i hes, or associati 170(b)(1)(A)(ii). spital service orgon operated in co e: the benefit of a plete Part II.) nment or govern receives a subs | s: (For lines 1 through on of churches descri (Attach Schedule E (F ganization described i onjunction with a hosp college or university mental unit described tantial part of its sup | 12, chec ibed in se orm 990) n section bital desc owned o | k only or ction 17 .) 170(b)(1 ribed in s r operate | ne box.) 0(b)(1)(A)(i). 9(A)(iii). 9(b)(1)(A)(b)(1)(A)(9(b)(a government (1)(A)(v). | iii). Enter the al unit described in |
| 8 🗌 A community trust described i | n section 170(b) | (1)(A)(vi). (Complete | Part II.) | | | |
| 9 An agricultural research organ or university or a non-land-gra university: | ization described ant college of agr | d in section 170(b)(1) iculture (see instruction | (A)(ix) op ons). Ente | r the nan | ne, city, and state of | the college or |
| 10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a | l to its exempt fu t income and uni after June 30, 197 | nctions, subject to ce related business taxa 75. See section 509(a | rtain exce ble incom a)(2). (Cor | eptions; a le (less se nplete Pa | and (2) no more than ection 511 tax) from art III.) | fees, and gross 33 ¹ / ₃ % of its businesses |
| 11 An organization organized and | • | • | - | | | |
| 12 An organization organized and one or more publicly supported the box on lines 12a through 12 | d organizations d | escribed in section 5 | 09(a)(1) o | r section | 509(a)(2). See secti | on 509(a)(3). Check |
| a Dype I. A supporting organ the supported organization supporting organization. Y | n(s) the power to | regularly appoint or e | lect a ma | jority of t | | |
| b Type II. A supporting orga control or management of organization(s). You must | the supporting o | rganization vested in | the same | | | |
| c | | | | | | ally integrated with, |
| d | grated. The orga | nization generally mu | st satisfy | a distribu | ution requirement an | |
| e Check this box if the organ functionally integrated, or | | | | | | e II, Type III |
| f Enter the number of supported | - | | | | | |
| g Provide the following informatio | | ported organization(s). | - | | 1 | |
| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the o listed in you docur | ur governing | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |

(E) Total Part IISupport 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.)

| Secti | on A. Public Support | | | - | | | |
|----------------|--|-----------------------------------|---------------------------------|-----------------------------------|-------------------------------------|--|--------------------|
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| | on B. Total Support | | 1 | 1 | 1 | 1 | 1 |
| | dar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 8 | Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from | | | | | | |
| 9 | similar sources | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 12 13 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop here | organization' | s first, second | l, third, fourth, | or fifth tax ye | 12 ear as a sectio | |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 14 | Public support percentage for 2021 (line 6 | | | 11. column (f)) | | 14 | % |
| 15 16a | Public support percentage from 2020 Sch 33 ¹ / ₃ % support test-2021. If the organi | nedule A, Part zation did not | II, line 14 . check the box | x on line 13, a | nd line 14 is 3 | 15 3 ¹ /3% or more, | % check this |
| b | box and stop here. The organization qual 33 ¹ / ₃ % support test — 2020. If the organization this box and stop here. The organization | zation did not | check a box o | on line 13 or 16 | Sa, and line 15 | is 331/3% or m | nore, check |
| 17a | 10%-facts-and-circumstances test — 20 10% or more, and if the organization m Part VI how the organization meets the organization . | eets the facts facts | -and-circumst umstances tee | ances test, ch st. The organiz | eck this box a | and stop here. | . Explain in |
| b | 10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization | n meets the fa e facts-and-cir | acts-and-circu cumstances te | mstances test, est. The organ | , check this bo ization qualifie | ox and stop he | re. Explain |
| 18 | Private foundation. If the organization of instructions | | | | | | |

Schedule A (Form 990 or 990-EZ) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Secti | on A. Public Support | | | , | | / | |
|----------|--|-----------------|-----------------|---|------------------|-------------------|-------------|
| Calen | idar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| • | received. (Do not include any "unusual grants.") | 743,202 | 539,426 | 482,680 | 370,393 | 425,467 | 2,561,168 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| 2 | organization's tax-exempt purpose | | | | 2,644 | 2,928 | 5,572 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 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 furnished by a governmental unit to the organization without charge | | | | | | |
| 6 7a | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons . | 743,202 | 539,426 | 482,680 | 373,037 | 428,395 | 2,566,740 |
| b | 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 from | | | | | | |
| | line 6.) | | | | | | 2,566,740 |
| | on B. Total Support | () | (1) 00 (0) | () 22/2 | (1) 0000 | () | |
| | dar year (or fiscal year beginning in) ► Amounts from line 6 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 10a | Amounts from line 6 | 743,202 | 539,426 | 482,680 | 373,037 | 428,395 | 2,566,740 |
| IVa | 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 | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | 743,202 | 539,426 | 482,680 | 373,037 | 428,395 | 2,566,740 |
| 14 | First 5 years. If the Form 990 is for the | • | | | • | | |
| 0 | organization, check this box and stop he | | | | | | 🕨 🗌 |
| | on C. Computation of Public Suppor | | | | | 45 | 400.0/ |
| 15 16 | 15Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))15100 %16Public support percentage from 2020 Schedule A, Part III, line 1510.116100 % | | | | | | |
| | on D. Computation of Investment In | | | <u></u> | <u></u> | 10 | 100 90 |
| 17 | Investment income percentage for 2021 (I | | - | y line 13. colur | mn (f)) | 17 | 0 % |
| 18 | Investment income percentage from 2020 Schedule A, Part III, line 17 | | | | | | |
| 19a | 331/3% support tests-2021. If the organ | ization did not | check the box | on line 14, an | id line 15 is mo | | 6, and line |
| | 17 is not more than $33^{1}/_{3}\%$, check this box | - | - | - | | - | |
| b | 331 /3% support tests – 2020. If the organiz line 18 is not more than 331/3%, check this b | | | | | | |
| 20 | Private foundation. If the organization di | - | - | - | | | |
| | | | | | | edule A (Form 990 | |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 A person who directly or indirectly controls, either alone or together with persons described on lines 11b and а 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

3

2a

2b

3a

3b

Yes No

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Sect | ion A—Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) | |
|------|---|----------------|--------------------------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection | | | |
| | of gross income or for management, conservation, or maintenance of | | | |
| | property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C-Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check have if the every is the every isation's first on a new function. | | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2021

| Part | V Type III Non-Functionally Integrated 509(a)(3 | B) Supporting Organi | zations (continue | ed) | |
|------|---|---------------------------------|---------------------------------------|-----|---|
| Sect | on D—Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exe | empt purposes of suppo | orted | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required- | –provide details in Part | VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions. | h the organization is res | ponsive | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 0 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2021 | ns | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i>). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| a | From 2016 | | | | |
| b | From 2017 | | | | |
| c | From 2018 | | | | |
| d | From 2019 | | | | |
| е | | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2021 distributable amount | | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI.</i> See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | Excess from 2017 | | | | |
| b | Excess from 2018 | | | | |
| С | Excess from 2019 | | | | |
| d | Excess from 2020 | | | | |
| е | Excess from 2021 | | | | |

Schedule A (Form 990 or 990-EZ) 2021



| SCHEDULE | D |
|------------|---|
| (Form 990) | |

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ▶ Attach to Form 990.

2021 Open to Public Inspection

OMB No. 1545-0047

| Department of the Treasury Internal Revenue Service | | ► Go to www.irs.gov/Form9 | Attach to Form 990. 90 for instructions and | the latest informat | ion. | Open to Public Inspection |
|--|-----------------------------------|---|--|--------------------------|----------------|---------------------------------------|
| | of the organization | | | | | tification number |
| WORL | D WIDE VILLAG | E INCORPORATED | | | | 41-2014011 |
| Par | t Organ | izations Maintaining Donor Advi | sed Funds or Othe | r Similar Funds | or Accou | nts. |
| | | ete if the organization answered " | | | | |
| | · · | | (a) Donor advis | ed funds | (b) Fun | ds and other accounts |
| 1 | Total number | at end of year | | | | |
| 2 | Aggregate val | ue of contributions to (during year) . | | | | |
| 3 | Aggregate val | ue of grants from (during year) | | | | |
| 4 | | ue at end of year | | | | |
| 5 | | ization inform all donors and donor a | | | | |
| _ | | organization's property, subject to the | - | - | | |
| 6 | only for charit | ization inform all grantees, donors, ar able purposes and not for the benefi permissible private benefit? | | or advisor, or for a | any other p | urpose |
| Par | t II Conse | rvation Easements. | | | | |
| | Compl | ete if the organization answered " | Yes" on Form 990, F | Part IV, line 7. | | |
| 1 | Purpose(s) of | conservation easements held by the c | organization (check all | that apply). | | |
| | | n of land for public use (for example, recrea | ation or education) | | - | - |
| | _ | of natural habitat | | Preservation of a | a certified hi | istoric structure |
| • | | on of open space | | tion operaturile ution i | | -f |
| 2 | | s 2a through 2d if the organization hel the last day of the tax year. | d a qualified conserva | tion contribution i | | |
| | | | | | | eld at the End of the Tax Year |
| a | | | | | . <u>2a</u> | |
| b | • | restricted by conservation easements | | | | |
| c d | Number of co | nservation easements on a certified hi onservation easements included in (ure listed in the National Register . | | 5/06, and not on | a | |
| 3 | Number of co tax year ► | nservation easements modified, trans | | | | e organization during the |
| 4 5 | Does the org | tes where property subject to conservation have a written policy regularization have a written policy regularization eas | arding the periodic r | nonitoring, inspec | | ling of · · D Yes D No |
| 6 | Staff and volun | teer hours devoted to monitoring, inspec | ting, handling of violatic | ons, and enforcing c | conservation | easements during the year |
| 7 | Amount of exp ► \$ | enses incurred in monitoring, inspecting | g, handling of violations | s, and enforcing co | nservation e | easements during the year |
| 8 | | nservation easement reported on line 2 70(h)(4)(B)(ii)? | | | | |
| 9 | In Part XIII, de balance sheet | scribe how the organization reports co , and include, if applicable, the text of accounting for conservation easement | onservation easement the footnote to the or | s in its revenue an | nd expense | statement and |
| Part | III Organ | izations Maintaining Collections | of Art, Historical 1 | reasures, or O | ther Simila | ar Assets. |
| | • | ete if the organization answered " | | | | |
| 1a | of art, historic | ation elected, as permitted under FAS cal treasures, or other similar assets de in Part XIII the text of the footnote t | held for public exhib | ition, education, o | or research | in furtherance of public |
| b | art, historical t | ation elected, as permitted under FAS reasures, or other similar assets held llowing amounts relating to these item | for public exhibition, e | | | |
| 2 | (ii) Assets incl | Icluded on Form 990, Part VIII, line 1 uded in Form 990, Part X ation received or held works of art, | | | 🕨 | \$ \$ nancial gain, provide the |
| | | unts required to be reported under FA | | | | , |

| а | Revenue included on Form 990, Part VIII, line 1 | . 🕨 | ▶ \$ |
|---|---|-----|------|
| b | Assets included in Form 990, Part X | . 🕨 | ▶ \$ |

| Schedu | le D (Form 990) 2021 | | | | | | | | Page 2 |
|--------|--|---------------------|-----------------------|-------------|-------------------------|----------|-------------------------|-----------------------|---------------|
| Part | III Organizations Maintaining | Collections o | of Art, His | torical T | reasures, | , or Ot | her Similar A | Assets (con | tinued) |
| 3 | Using the organization's acquisition, collection items (check all that apply): | | other reco | rds, chec | k any of the | e follov | ving that make | significant u | use of its |
| а | Public exhibition | | d | 🗌 Loan | or exchang | e progr | am | | |
| b | Scholarly research | | е | Other | | | | | |
| с | Preservation for future generations | 6 | | | | | | | |
| 4 | Provide a description of the organiza XIII. | tion's collections | s and expla | ain how tl | hey further | the org | panization's ex | empt purpos | e in Part |
| 5 | During the year, did the organization assets to be sold to raise funds rathe | | | | | | | | 🗌 No |
| Part | IV Escrow and Custodial Arra | angements. | | | | | | | |
| | Complete if the organizatior 990, Part X, line 21. | n answered "Ye | es" on For | m 990, F | Part IV, line | e 9, or | reported an a | amount on I | Form |
| 1a | Is the organization an agent, trustee included on Form 990, Part X? | | | | | | | | □ No |
| b | If "Yes," explain the arrangement in P | art XIII and com | olete the fo | ollowing ta | able: | | | | |
| | , i | · | | Ũ | | | | Amount | |
| с | Beginning balance | | | | | 10 | ; | | |
| d | Additions during the year | | | | | 10 | I | | |
| е | Distributions during the year | | | | | 1e | • | | |
| f | Ending balance | | | | | 1f | : | | |
| 2a | Did the organization include an amou | | | | | ustodia | l account liabili | ity? 🗌 Yes | 🗌 No |
| b | If "Yes," explain the arrangement in P | art XIII. Check he | ere if the e | xplanatio | n has been | provide | ed on Part XIII | | |
| Par | Endowment Funds. | | | | | | | | |
| | Complete if the organizatior | answered "Ye | es" on For | m 990, F | Part IV, line | e 10. | | | |
| | | (a) Current year | (b) Pri | or year | (c) Two year | s back | (d) Three years ba | ack (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of | the current year | end balanc | e (line 1a | , column (a |)) held | as: | 1 | |
| а | Board designated or quasi-endowme | - | % | , U | ` | ,, | | | |
| b | Permanent endowment | % | | | | | | | |
| с | Term endowment % |) | | | | | | | |
| | The percentages on lines 2a, 2b, and | 2c should equal | 100%. | | | | | | |
| 3a | Are there endowment funds not in th | e possession of | the organi | zation tha | at are held | and ad | ministered for | the | |
| | organization by: | | | | | | | Y | 'es No |
| | (i) Unrelated organizations | | | | | | | . 3a(i) | |
| | (ii) Related organizations | | | | | | | . 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related of | organizations liste | ed as requi | red on So | chedule R? | | | . 3b | |
| 4 | Describe in Part XIII the intended use | s of the organiza | tion's endo | owment fu | unds. | | | | |
| Part | | | | _ | | _ | | | _ |
| | Complete if the organizatior | n answered "Ye | es" on For | m 990, F | Part IV, line | e 11a. | See Form 99 | 0, Part X, Iir | ne 10. |
| | Description of property | • • | other basis tment) | | or other basis ther) | • • • | Accumulated epreciation | (d) Book | value |
| 1a | Land | | 0 | | 83,774 | | | | 83,774 |
| b | Buildings | | 0 | | 274,000 | | 97,830 | | 176,170 |
| с | Leasehold improvements | | 0 | | 16,504 | | 16,504 | | 0 |
| d | Equipment | | 0 | | 213,562 | | 65,938 | | 147,624 |
| е | Other | | 0 | | 0 | | 0 | | 0 |
| Total. | Add lines 1a through 1e. (Column (d) r | | 990, Part 2 | X, column | n (B), line 10 |)c.) . | ► | | 407,568 |

Schedule D (Form 990) 2021

| Part VII | Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part | IV line 11h See | Form 990 Part X line | e 12 |
|--------------------|--|---------------------|---|------|
| | (including name of security) | (b) Book value | (c) Method of valuati Cost or end-of-year mark | ion: |
| (1) Financial | | | | |
| • • | neld equity interests | | | |
| (3) Other | · · | | | |
| (A) | | | | |
| (D) | | | | |
| | | | | |
| | | | | |
| | | | | |
| (F) | | | | |
| (G) | | | | - |
| (H) Total (Colu | mn (b) must equal Form 990, Part X, col. (B) line 12.) . ► | | | |
| Part VIII | Investments – Program Related. | | | |
| n ant viir | Complete if the organization answered "Yes" on Form 990, Part | IV line 11c See F | Form 990 Part X line | e 13 |
| | (a) Description of investment | (b) Book value | (c) Method of valuati | |
| | | (2) 2001 Talao | Cost or end-of-year mark | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 13.) . ► | | | |
| Part IX | Other Assets. | N/ line 11d Cool | Server 000 Devit V lies | - 15 |
| | Complete if the organization answered "Yes" on Form 990, Part | IV, line 11d. See f | b) Book v | |
| (1) | (a) Description | | | alue |
| (1) (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colu | mn (b) must equal Form 990, Part X, col. (B) line 15.) | | . ► | |
| Part X | Other Liabilities. | | | |
| | Complete if the organization answered "Yes" on Form 990, Part | IV, line 11e or 11f | . See Form 990, Par | tΧ, |
| | line 25. | | | |
| 1. | (a) Description of liability | | (b) Book v | alue |
| (1) Federal in | ncome taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) (7) | | | | |
| (7) | | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 25.) | | . ► | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

| Schedu | le D (Form 990) 2021 | | Pa | ge 4 |
|--------|--|--------------------------------|-------------|-------------|
| Par | XI Reconciliation of Revenue per Audited Financial Statem | ents With Revenue per | Return. | |
| | Complete if the organization answered "Yes" on Form 990, | Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | 5 | |
| Part | | | er Return. | |
| | Complete if the organization answered "Yes" on Form 990, | Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 and 1 a | ne 18.) | 5 | |
| Part | | | | |
| | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar | | | ne |
| 2; Par | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par | t to provide any additional in | nformation. | |
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| (Form 990) | | State | ement of | i Activitie | s Outside the Uni | ited States | | OMB No. 1545-0047 |
|------------|-----------------------------|---------------------------------|--|---|--|--|----------------------|---|
| | | | | | ed "Yes" on Form 990, Part I | | | 2021 |
| Departr | nent of the Treasury | - | - | | Open to Public | | | |
| Internal | Revenue Service | ▶ 6 | ao to www.irs | .gov/Form9901 | for instructions and the latest | information. | | Inspection identification number |
| | LD WIDE VILLAG | E INCORPORA | TED | | | | | 41-2014011 |
| Par | | Information), Part IV, line | | ies Outside | the United States. Con | plete if the orga | nization | answered "Yes" on |
| 1 | | ce, the grante | es' eligibility | | cords to substantiate the a ts or assistance, and the s | | | 🗌 Yes 🗌 No |
| 2 | For grantmak outside the Un | | in Part V the | e organization | 's procedures for monitorir | ng the use of its | grants ar | nd other assistance |
| 3 | Activities per F | Region. (The fo | llowing Part | I, line 3 table c | can be duplicated if additior | nal space is need | led.) | |
| | (a) Region | | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity liste a program se describe specifi service(s) in the | ervice, c type of | (f) Total expenditures for and investments in the region |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
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| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |
| (17) 3a | Subtotal | | | | | | | |
| b | Total from sheets to Part | | | | | | | |

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

c Totals (add lines 3a and 3b)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------|--------------------------|--|----------------------|---|---------------------------------|--|--|--|--|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
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| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | Enter tetal | | | | | | | | |
| 2 3 | exempt 501(c | c)(3) organization | h by the IRS, or for | isted above that are which the grantee or ities | counsel has provid | ed a section 501(c)(3 |) equivalency letter | 🕨 | |

Schedule F (Form 990) 2021

Page **2**

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------------|---------------------------|--------------------------|--------------------------|--|--|---------------------------------------|---|
| (1) Grants are given to people in H | Central America and the (| 300 | 28,414 | Cash payment | 0 | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
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| 11) | | | | | | | |
| 12) | | | | | | | |
| 13) | | | | | | | |
| 14) | | | | | | | |
| 5) | | | | | | | |
| 16) | | | | | | | |
| 7) | | | | | | | |
| 18) | | | | | | | |

Page 3

Schedule F (Form 990) 2021

| Page - | F | Page | 4 |
|--------|---|------|---|
|--------|---|------|---|

| Part | IV Foreign Forms | | |
|------|--|-------|------|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926). | Yes | 🖌 No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | ☐ Yes | ☑ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) | Yes | 🖌 No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i> | Yes | 🖌 No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | 🖌 No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990). | Yes | 🖌 No |

Schedule F (Form 990) 2021

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

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| (Form | 990 | or | 990-EZ) |

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.



| Department of the Treasury Internal Revenue Service | Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. | Open to Public Inspection |
|--|---|---------------------------------------|
| Name of the organization | | Employer identification number |
| WORLD WIDE VILLAG | E INCORPORATED | 41-2014011 |
| | tion A, Line 2 - Some of the members of the board of directors are spouses. | |
| | ······································ | |
| Form 990, Part VI, Sect | tion B, Line 11b - A draft of the Form 990 is circulated to the governing board for r | eview and approval prior to filing |
| the form with the IRS. | | |
| | | |
| Form 990, Part VI, Sect | tion B, Line 12c - At each board meeting, the members are given the opportunity to | o disclose any conflicts of interest. |
| | | |
| | tion C, Line 19 - The organization's governing documents, conflict of interest polic during the tax year upon request, on the website and via Guidestar. | y, and financial statements are |
| | during the tax year upon request, on the website and via Guidestal. | |
| Form 990, Part XI, Line | 9 - Decpreciation and inventory adjustment | |
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Cat. No. 51056K