Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

| A F | or th | e 2021 | calendar year, or tax year beginning | | | and end | ding | | | | | |
|--------------------------------|---------------|---|--|-------------------------------------|---------------|--|----------------|---|------------------|---------------------------------------|-----------------|--|
| _ | | | C Name of organization | | | | | D Employer ider | ntification n | umber | | |
| В | Check if a | pplicable: | JUST TRYAN IT, INC | | | | | | | | | |
| | Addre | | Doing business as | | | | | 27-2059 | 196 | | | |
| | 7 | e change | Number and street (or P.O. box if mail is | not delivered to street address) | | Room/su | iite | E Telephone nur | mber | | | |
| | Initia | l return | PO BOX 34589 | | | | | (202)99 | 97-6016 | ,) | | |
| | | return/ | City or town, state or province, country, a | and ZIP or foreign postal code | | | | , | | | | |
| | Amer | | BETHESDA, MD 20827 | | | | | G Gross receipts | \$ | 58! | 5,876. | |
| | | cation | F Name and address of principal officer: | JENNIFER DEL (| GUERCI |) | | H(a) Is this a grou | | Yes | $\overline{}$ | |
| | penu | iiig | PO BOX 34589, BETHESDA | | | | | subordinates H(b) Are all subord | I | Yes | | |
| $\overline{}$ | Tax-ex | empt st | | | 4947(a)(1) | or | 527 | 1 ` ′ | tach a list. See | | | |
| J | | | WWW.JUSTTRYANIT.COM |) (moon no.) | το (α)() | <u>. </u> | 102. | H(c) Group exemp | otion number | • | | |
| K | | | nization: X Corporation Trust | Association Other | | LY | ear of forma | tion: 2010 M s | | | : MD | |
| $\overline{}$ | art I | | ummary | 7.0000.auo.i | | | <u> </u> | 2010 | oraro or rogo | 40 | 1110 | |
| | 1 | | y describe the organization's mission o | r most significant activities: | TIIST | TRYAN | TTT T | NC PROVII | DES FIN | ANCTA | | |
| ø | ' | • | ISTANCE TO FAMILIES WHOS | • | | | | | JUD I III | 1111011 | | |
| Governance | | _ | LE ALSO PROMOTING PHILAN | | | | | | | | | |
| ern | 2 | | | iscontinued its operations | | | | | | | | |
| Š | 3 | | per of voting members of the governing | • | | | | | 3 | | 12 | |
| | 4 | | per of voting members of the governing per of independent voting members of t | | | | | | 4 | | 12 | |
| Activities & | 5 | | | | | | | | 5 | | 3 | |
| Ĭ | | | number of individuals employed in cale | | | | | | 6 | | | |
| ٩ct | 6 | | number of volunteers (estimate if necess | | | | | | | | 440 | |
| | 1 | | unrelated business revenue from Part V | | | | | | 7a | | NONE | |
| _ | D | Net ui | nrelated business taxable income from | Form 990-1, Part I, line 11 | | | | | 7b | · · · · · · · · · · · · · · · · · · · | NONE | |
| | | | | | | | | Prior Year | | Current | | |
| ne | 8 | | ibutions and grants (Part VIII, line 1h) | | | | | 367,64 | | 549 | 9,079. | |
| Revenue | 9 | | am service revenue (Part VIII, line 2g) | | | | | | ONE | | NONE | |
| Re | 10 | | tment income (Part VIII, column (A), line | | | | | | 19. | | 13. | |
| | 11 | | r revenue (Part VIII, column (A), lines 5, | | | | | 1,39 | | | 1,960. | |
| | 12 | | revenue - add lines 8 through 11 (must | • | | | | 369,06 | | | 7,132. | |
| | 13 | | ts and similar amounts paid (Part IX, colo | | | | | 150,17 | | 200 | 0,550. | |
| | 14 | | fits paid to or for members (Part IX, colu | | | | | | ONE | NON | | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | | | | 158,00 | | 178 | 8,282. | |
| Expenses | 16 a | | ssional fundraising fees (Part IX, column | | | | | NO | ONE | | NONE | |
| Ϋ́ | b | | fundraising expenses (Part IX, column (| | | | | | | | | |
| _ | 17 | | r expenses (Part IX, column (A), lines 11 | | | | | 37,13 | | 3 | 8 <u>,478</u> . | |
| | 18 | | expenses. Add lines 13-17 (must equal | | | | | 345,31 | | | 7,310. | |
| | 19 | Rever | nue less expenses. Subtract line 18 fron | 1 line 12 | | | | 23,74 | | 119 | 9,822. | |
| s or | | | | | | | Begir | ning of Current Y | | End of Ye | ar | |
| sset | 20 | | assets (Part X, line 16) | | | | | 246,62 | 22. | 383 | 1,868. | |
| Net Assets or Fund Balances | 21 | | liabilities (Part X, line 26) | | | | | 11 | L4. | 1 | <u>5,538.</u> | |
| | | Net as | ssets or fund balances. Subtract line 21 | from line 20 | <u></u> | | | 246,50 | 08. | 360 | 5,330. | |
| | rt II | | gnature Block | | | | | | | | | |
| Un | der pe | nalties o | of perjury, I declare that I have examined th complete. Declaration of preparer (other thar | is return, including accompan | nying schedu | les and s | tatements, a | and to the best of | my knowle | dge and I | oelief, it is | |
| | , 00110 | /C | 91. 1 11 1/ 27 H. | - Cinicoly to backet our all inform | ation or will | оп рторан | or rido drij k | Ť | 2/2022 |) | | |
| c: | | | lizabeth K. Bolli | | | | | | 3/2022 | | | |
| Sig He | | | Signature of officer | | | | | Date | | | | |
| пе | re | \ - | ELIZA BOTTI | | COC |) | | | | | | |
| | | 1 | Type or print name and title | | | | | | | | | |
| D-: | _ | Print/ | /Type preparer's name | Preparer's signature | | Date | | Check | if PTIN | | | |
| Paid | | RIC | HARD L RUVELSON | RICHARD L RUVEL | SON | 05/ | /12/202 | self-employe | ed P002 | 34075 | <u> </u> | |
| | parer Only | Firm's | s name WITHUMSMITH+BROW | N,PC | | | | Firm's EIN | 22-20 | 27092 | : | |
| _ | Cilly | | s address > 4600 EAST WEST HWY | 900 BETHESDA, MD 20814- | 3423 | | | Phone no. | 301-2 | 72-60 | 00 | |
| Ма | y the | IRS d | liscuss this return with the prepare | shown above? See ins | tructions | | <u> </u> | | Х | Yes | No | |
| For | Pape | rwork | Reduction Act Notice, see the separat | e instructions. | | | | | | Form 99 | 0 (2021) | |

Form 990 (2021) Page **2**

| P | art III | Statement of Program Service | Accomplishments response or note to any line in this Part | · III | х |
|------------|---------------------|---|---|-------------------------|----------|
| 1 | - | escribe the organization's mission SCHEDULE O | | | |
| | | | | | |
| 2 | | | ificant program services during the ye | | Yes X No |
| | If "Yes," | describe these new services on \$ | Schedule O. | | res A No |
| 3 | services' | | g, or make significant changes in h | | Yes X No |
| 4 | Describe expense | e the organization's program ses. Section 501(c)(3) and 501(c | ervice accomplishments for each of in particle accomplishments for each of in particle accomplishments for each of in particle accomplishments for each program service reported. | | |
| 4a | (Code: _ | | 318,148. including grants of \$ | |) |
| | | | S ORGANIZATION ARE CHILDRE | | |
| | | | GANIZATION CONDUCTED IN-PE S ARE HELD TO SUPPORT THE | RSON | |
| | | JIZATION'S MISSION. | S ARE HELD TO BUTTORY THE | | |
| | | | | | |
| | | | | | |
| <u></u> | (Codo: | V/Evrence ¢ | including grants of \$ |) (Payanya [©] | \ |
| 40 | |) (Expenses φ | including grants of \$ |) (Nevertue \$ | / |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4c | (Code: _ |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| اہ (م | Others | ogram services (Describe on Sch | podulo O) | | |
| 4 0 | (Expens | | | :\$) | |
| 4e | | ogram service expenses > | 318,148. | • | |

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Form 990 (2021)
Part IV Page 3

| Part | V Checklist of Required Schedules | | | |
|--------|--|-----|-----|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | Χ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 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? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," | - | | |
| | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| Ū | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| 10 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | | |
| | | | | |
| _ | 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," | | | 3.7 |
| | complete Schedule D, Part VI | 11a | | _X |
| D | Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more | | | |
| _ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | _X_ |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII. | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 10 | - 1 | |
| 13 | If "Yes," complete Schedule G, Part III | 19 | | v |
| 20.4 | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | | X |
| | | 20a | | _X |
| | 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 | _ | | |
| JSA | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | <u> </u> |
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| | | | | |

Part IV Checklist of Required Schedules (continued) Page 4

| ıaıı | Checkist of Required Concurred | | V | NI - |
|------|---|------|-----|------|
| | | | 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 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | X |
| 24 a | 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 | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | | |
| | Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| 2.4 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | 3.7 |
| 25 - | or IV, and Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| D | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 330 | | |
| 50 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | - 30 | | 21 |
| ٠, | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | 31 | | 21 |
| | 19? Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Part | | - | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1 a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | X | |
| ISA | | | 000 | |

JUST TRYAN IT, INC

| | 330 (2021) | | | age C |
|--------|--|----------|-----|-------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 3 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country ▶ | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | _ | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | ٠. | | |
| | 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 | 7- | 37 | |
| | and services provided to the payor? | 7a 7b | X | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7 10 | Λ | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 7c | | Х |
| | required to file Form 8282? | 76 | | Λ |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | | Х |
| _ | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7f | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | | 21 |
| 9 h | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| Ü | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| 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 | | | |
| | Enter the amount of reserves on hand | 14- | | 77 |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | 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 | 15 | | v |
| | excess parachute payment(s) during the year? | 13 | | X |
| 16 | | 16 | | Х |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | . 0 | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |

Part VI Governance, Management, and Disc

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

| | Check if Schedule O contains a response of note to any line in this Part VI | | | | | X |
|-------|--|---------|------------|---------|--------|--------|
| Sect | ion A. Governing Body and Management | | | | ., | |
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | 1a | 12 | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 12 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business re | ations | ship with | | | |
| | any other officer, director, trustee, or key employee? | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or ur | | | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other p | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was fi | | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's | | | 5 | | Х |
| 6 | Did the organization have members or stockholders? | | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to el | | | | | |
| | one or more members of the governing body? | | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval | | | | | |
| | stockholders, or persons other than the governing body? | - / | | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions under | | | | | |
| | the year by the following: | | Ü | | | |
| а | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot | be re | ached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. | | | 9 | | X |
| Secti | on B. Policies (This Section B requests information about policies not required by the Inte | ernal | Revenue | Code | | |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of | such | chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt per | ırpose | s? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi | ling th | e form? . | 11a | X | |
| 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 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests to | | _ | | | |
| | rise to conflicts? | | | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the p | • | | 40. | | |
| | describe on Schedule O how this was done | | | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review ar | | - | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation | | | 450 | | 37 |
| a | The organization's CEO, Executive Director, or top management official | | | 15a | | X |
| b | Other officers or key employees of the organization | | | 15b | | X |
| 40. | 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 | | • | 16a | | Х |
| L | with a taxable entity during the year? | | | 104 | | 21 |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to | | | | | |
| | organization's exempt status with respect to such arrangements? | | | 16b | | |
| Secti | on C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ MD, MA, NC, VA, | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), | 990 | and 990-7 | (sec | tion 5 | 01(c) |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that ap Own website Another's website X Upon request Other (explain on Sc | ply. | | (555) | | 01(0) |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents of the organization made its governing do | | • | f inter | est p | olicy, |
| | 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 BELIZABETH BOTTI 40 E 62ND STREET, #5E NEW YORK, NY 10065 | ooks | and record | s ▶ | | |

301-873-1811

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.s
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer and Institutional trustee Or director | | is both an or/trustee) | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations | | |
|---------------------------|---|---|--|------------------------|--|---|---|--|--------|--------|
| (1) MAUREEN G COLBURN | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | NONE | 1 | | Х | | | | 92,700. | NONE | NONE |
| (2) ELIZA BOTTI | 20.00 | | | | | | | 327700. | 1,01,1 | 110112 |
| CHIEF OPERATING OFFICER | NONE | | | Х | | | | 36,050. | NONE | NONE |
| (3) CHRIS JOHNSON | 5.00 | | | | | | | 55,555 | | |
| CHAIRPERSON | NONE | Х | | Х | | | | NONE | NONE | NONE |
| (4) UTE REICHLING | 3.00 | | | | | | | | | |
| VICE CHAIR | NONE | Х | | Х | | | | NONE | NONE | NONE |
| (5) TAMMY FOX | 3.00 | | | | | | | | | |
| SECRETARY | NONE | Х | | Х | | | | NONE | NONE | NONE |
| (6) JIM BRINKMAN | 3.00 | | | | | | | | | |
| TREASURER | NONE | Х | | Х | | | | NONE | NONE | NONE |
| (7) CHUCK ALEXANDER | 3.00 | | | | | | | | | |
| BOARD MEMBER | NONE | Х | | | | | | NONE | NONE | NONE |
| (8) MOLLIE DARBY | 3.00 | | | | | | | | | |
| BOARD MEMEBER | NONE | X | | | | | | NONE | NONE | NONE |
| (9) SAM GOBRAIL | 3.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (10) JENNIFER DEL GUERCIO | 5.00 | | | | | | | | | |
| CHAIRPERSON EMERITUS | NONE | X | | | | | | NONE | NONE | NONE |
| (11) PHILIP LAROSA | 3.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (12) GINA MAXHAM | 3.00 | | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (13) TRACY SCARROW | 3.00 | _ | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |
| (14) LINDSAY TEMPLETON | 3.00 | 4 | | | | | | | | |
| BOARD MEMBER | NONE | X | | | | | | NONE | NONE | NONE |

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| Part VII Section A. Officers, Directors, Tru | ıstees, Ke | y Em | plo | ye | es, | and F | ligl | hest Compensat | ed Employees | (continued | d) |
|--|---|--------|--------|----------------------|---|---|----------|---|--|---|--|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (do r | not cl | Pos heck ss pe | c) sition more erson direct | e than on is both is both is or/truste end on the cor/truste employee | ne an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | Esti amo comp froi orgai and | mated bunt of the characteristics in the char |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b Sub-total c Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c) 2 Total number of individuals (including but not | <u> </u> | | | | | | ▶ ▶ | 128,750. NONE 128,750. | NON NON NON | Е | NONE NONE |
| reportable compensation from the organization | | | | | NO | • | | | ψ 100,000 01 | 1. | <u> </u> |
| 3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu | ule J for suc | ch ind | livid | ual | | | | | | 3 | Yes No |
| 4 For any individual listed on line 1a, is the sorganization and related organizations greindividual | eater than | \$15 | 0,0 | 00? | . If | "Yes | ," (| complete Schedu | le J for such | 4 | X |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye | accrue co | mpen | sati | on i | fron | n any | uni | related organization | on or individual | 5 | X |
| Section B. Independent Contractors | | | | | | | | | | | |
| Complete this table for your five highest com- compensation from the organization. Report c year. | | | | | | | | | | | |
| (A) Name and business add | (A) Name and business address | | | | | | | (B) Description of se | rvices | (C) Compensa | ation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Total number of independent contractors (in | ncluding bu | ut not | lim | nite | d to | thos | e li | isted above) who | received | | |

JSA 1E1055 2.000 Form **990** (2021)

NONE

more than \$100,000 in compensation from the organization ▶

27-2059196

Part VIII Statement of Revenue

| | | Check if Schedule O contains a respo | nse or note to ar | y line in this Part \ | /III | | |
|--|-------------|--|-------------------|-----------------------|--|--------------------------------------|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts nts | 1a | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues 1b | | | | | |
| Ę, | С | Fundraising events1c | 273,849. | | | | |
| ar / | d | Related organizations 1d | | | | | |
| a,s | е | Government grants (contributions) 1e | 32,672. | | | | |
| Sign | f | All other contributions, gifts, grants, | | | | | |
| outi her | | and similar amounts not included above 1f | 242,558. | | | | |
| ξğ | g | Noncash contributions included in | | | | | |
| ρg | | | \$ | | | | |
| 0 % | h | Total. Add lines 1a-1f | | 549,079. | | | |
| Φ | | | Business Code | | | | |
| ξ | 2a | | | | | | |
| Ser | b | | | | | | + |
| Program Service Revenue | С | | | | | | |
| gra Re | d | | | | | | |
| 5 | e | | | | | | |
| _ | f | All other program service revenue | | NONE | | | |
| | g | Investment income (including dividends, | | NONE | | | |
| | 3 | other similar amounts) | | 13. | | | 13. |
| | 4 | Income from investment of tax-exempt bond | | NONE | | | |
| | 5 | Royalties | | NONE | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | c | Rental income or (loss) 6c NON | E NONE | | | | |
| | d | Net rental income or (loss) | | NONE | | | |
| | 7a | Gross amount from (i) Securities | (ii) Other | | | | |
| | | sales of assets | | | | | |
| | | other than inventory 7a | | | | | |
| <u>e</u> | b | Less: cost or other basis | | | | | |
| evenue | | and sales expenses 7b | | | | | |
| Rev | С | Gain or (loss) 7c | | | | | |
| _ | d | Net gain or (loss) | ▶ | NONE | | | |
| Other | 8a | Gross income from fundraising | | | | | |
| 0 | | events (not including \$273,849. | | | | | |
| | | of contributions reported on line | | | | | |
| | | 1c). See Part IV, line 18 8a | 36,784. | | | | |
| | b | Less: direct expenses | 48,744. | | | | |
| | С | Net income or (loss) from fundraising events | <u></u> | -11,960. | | | -11,960. |
| | 9a | Gross income from gaming | | | | | |
| | | activities. See Part IV, line 19 9a | NONE | | | | |
| | b | Less: direct expenses | NONE | | | | |
| | С | Net income or (loss) from gaming activities | · · · · · · · • | NONE | | | |
| | 10a | Gross sales of inventory, less | NONE | | | | |
| | | returns and allowances | | | | | |
| | b | Less: cost of goods sold Net income or (loss) from sales of inventory | | NONE | | | |
| | | The modifie of (1000) from Sales of inventory. | Business Code | NOINE | | | |
| Miscellaneous Revenue | | | Dudii icaa Oode | | | | |
| ane nue | 11a | | | | | | |
| ella ve | b | | | | | | 1 |
| Šč | q C | All other revenue | | | | | + |
| Σ | e | | | NONE | | | |
| | 12 | Total revenue. See instructions | | 537,132. | | | -11,947. |
| JSA 15105 | | | - | | | • | Form 990 (2021) |
| 1 € 105 | 1.000 79 | 12NC T36Y | V21-5F | 9066923 | | | 12 |
| | | | | | | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | |
|---|--|-----------------------|------------------------------|---|---------------------------------------|--|--|--|--|
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | |
| 1 | Grants and other assistance to domestic organizations | | | | | | | | |
| | and domestic governments. See Part IV, line 21 | 200,550. | 200,550. | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | | |
| | individuals. See Part IV, line 22 | NONE | | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | | |
| | organizations, foreign governments, and | | | | | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | NONE | | | | | | | |
| 4 | Benefits paid to or for members | NONE | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | |
| | trustees, and key employees | 128,750. | 55,556. | 47,264. | 25,930 | | | | |
| 6 | Compensation not included above to disqualified | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | NONE | | | | | | | |
| 7 | Other salaries and wages | 36,050. | 33,346. | NONE | 2,704 | | | | |
| 8 | Pension plan accruals and contributions (include | NONE | | | | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | | | | | |
| 9 | Other employee benefits | NONE | | | | | | | |
| 10 | Payroll taxes | 13,482. | 7,071. | 4,078. | 2,333 | | | | |
| 11 | Fees for services (nonemployees): | | | | | | | | |
| а | Management | NONE | | | | | | | |
| b | Legal | NONE | | | | | | | |
| С | Accounting | 3,200. | 1,726. | 918. | 556 | | | | |
| d | Lobbying | NONE | | | | | | | |
| | Professional fundraising services. See Part IV, line 17. | NONE | | | | | | | |
| f | Investment management fees | NONE | | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | | | | | |
| | (A), amount, list line 11g expenses on Schedule O.) | 396. | | 396. | | | | | |
| 12 | Advertising and promotion | 6,460. | 5,918. | 542. | | | | | |
| 13 | Office expenses | 1,245. | 85. | 92. | 1,068 | | | | |
| 14 | Information technology | 12,642. | 6,804. | 3,618. | 2,220 | | | | |
| 15 | Royalties | NONE | | | | | | | |
| 16 | Occupancy | NONE | | | | | | | |
| | Travel | 2,534. | 2,534. | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | |
| | for any federal, state, or local public officials | NONE | | | | | | | |
| 19 | Conferences, conventions, and meetings | 884. | 20. | 857. | 7 | | | | |
| 20 | Interest | NONE | | | | | | | |
| 21 | Payments to affiliates | NONE | | | | | | | |
| 22 | | NONE | 4 200 | 0 222 | 1 410 | | | | |
| 23 | Insurance | 8,133. | 4,388. | 2,332. | 1,413 | | | | |
| 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.) | | | | | | | | |
| | F | 1 060 | | 72 | 1 700 | | | | |
| | FUNDRAISING DIRECT EXPENSES | 1,862. | | 73. | 1,789 | | | | |
| | SPONSORSHIP MGMT FEE | 127. | F.0 | 0.45 | 127 | | | | |
| | STATE FILING & LICENSE FEES | 895. | 50. | 845. | | | | | |
| | OTHER PROGRAM EXPENSES | 100. | 100. | | | | | | |
| | All other expenses | 117 210 | 210 140 | 61 015 | 20 147 | | | | |
| | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the | 417,310. | 318,148. | 61,015. | 38,147 | | | | |
| -0 | 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) | | | | | | | | |

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Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Pa | art X | <u></u> | |
|------------------|------|---|--------------------------|---------|---------------------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | NONE | 1 | NONE |
| | 2 | Savings and temporary cash investments | 246,622. | 2 | 381,868. |
| | 3 | Pledges and grants receivable, net | NONE | 3 | NONE |
| | 4 | Accounts receivable, net | NONE | 4 | NONE |
| | 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 | NONE | 5 | NONE |
| | 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) | NONE | 6 | NONE |
| sts | 7 | Notes and loans receivable, net | NONE | 7 | NONE |
| Assets | 8 | Inventories for sale or use | NONE | 8 | NONE |
| ⋖ | 9 | Prepaid expenses and deferred charges | NONE | 9 | NONE |
| | 10 a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a NONE | | | |
| | b | Less: accumulated depreciation 10b NONE | NONE | 10c | NONE |
| | 11 | Investments - publicly traded securities | NONE | 11 | NONE |
| | 12 | Investments - other securities. See Part IV, line 11 | NONE | 12 | NONE |
| | 13 | Investments - program-related. See Part IV, line 11 | NONE | 13 | NONE |
| | 14 | Intangible assets | NONE | 14 | NONE |
| | 15 | Other assets. See Part IV, line 11 | NONE | | NONE |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 246,622. | 16 | 381,868. |
| | 17 | Accounts payable and accrued expenses | NONE | 17 | NONE |
| | 18 | Grants payable | NONE | 18 | NONE |
| | 19 | Deferred revenue | NONE | 19 | 15,000. |
| | 20 | Tax-exempt bond liabilities | NONE | 20 | NONE |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | NONE | 21 | NONE |
| es | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| jab | | controlled entity or family member of any of these persons | NONE | 22 | NONE |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | NONE | 23 | NONE |
| | 24 | Unsecured notes and loans payable to unrelated third parties | NONE | 24 | NONE |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 114. | 25 | 538. |
| | 26 | Total liabilities. Add lines 17 through 25 | 114. | 26 | 15,538. |
| Sect | | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. | | | |
| a a | 27 | Net assets without donor restrictions | 246,508. | 27 | 366,330. |
| ä | 28 | Net assets with donor restrictions | NONE | 28 | NONE |
| or Fund Balances | | Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| ASS | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| Net Assets | 32 | Total net assets or fund balances | 246,508. | 32 | 366,330. |
| Ž | 33 | Total liabilities and net assets/fund balances | 246,622. | 33 | 381,868. |
| $\overline{}$ | • | | · · | | · · · · · · · · · · · · · · · · · · · |

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| Part | XI Reconciliation of Net Assets | | | | | |
|------|--|----------|-----|----|-----------------|-------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 53 | 37, | <u> 132</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 41 | L7, | <u>310</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 11 | L9, | 822 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 24 | 1 6, | <u>508</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 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 | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | 10 | | 36 | 56, | <u> 330</u> |
| Part | XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | kplain | on | | | |
| | Schedule O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?. | | 2 | 2a | Χ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were cor | npiled | or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 | 2b | | _X_ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were aud | ited or | n a | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | 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 over | ersight | of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accounts | ant? | 2 | 2c | | _X_ |
| | If the organization changed either its oversight process or selection process during the tax year, e | xplain | on | | | |
| | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set fo | rth in t | the | | | |
| | Single Audit Act and OMB Circular A-133? | | | a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | dergo 1 | the | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | | | b | | |

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 27-2059196

| JUS | ST | TRYAN IT, INC | | | | | 27-2 | 059196 | |
|----------|------|---|--|---|------------------------|------------------------------|--|-------------------------|--|
| Pai | rt I | Reason for Public Cha | rity Status. (All o | organizations must | complet | te this pa | art.) See instructions | S. | |
| The | org | anization is not a private fou | indation because it | is: (For lines 1 through | gh 12, ch | eck only | one box.) | | |
| 1 | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | |
| 2 | | A school described in secti | ion 170(b)(1)(A)(ii) | . (Attach Schedule E | (Form 99 | 00).) | | | |
| 3 | | A hospital or a cooperative | hospital service o | rganization described | in sectio | n 170(b) | (1)(A)(iii). | | |
| 4 | | A medical research organiz | zation operated in | conjunction with a hos | spital de | scribed ir | section 170(b)(1)(A) | (iii). Enter the | |
| | | hospital's name, city, and s | tate: | | | | | | |
| 5 | | An organization operated | for the benefit of | a college or universit | y owned | d or ope | rated by a governme | ental unit described in | |
| | | section 170(b)(1)(A)(iv). (0 | Complete Part II.) | | | | | | |
| 6 | | A federal, state, or local go | overnment or gover | rnmental unit describe | d in sect | ion 170(| b)(1)(A)(v). | | |
| 7 | | An organization that norm | ally receives a sub | stantial part of its su | pport fro | om a go | vernmental unit or fro | om the general public | |
| | | described in section 170(b) | | | | | | | |
| 8 | | A community trust describe | - | | - | | | | |
| 9 | | An agricultural research or | - | | | - | • | | |
| | | or university or a non-land- | grant college of ag | riculture (see instruct | ions). Ei | nter the i | name, city, and state o | f the college or | |
| | | university: | | | | | | | |
| 10 | X | An organization that norma receipts from activities rela support from gross investmacquired by the organization | ited to its exempt f nent income and ui | unctions, subject to c nrelated business tax | ertain ex able inco | ceptions me (less | s; and (2) no more thar s section 511 tax) from | n 331/3 % of its | |
| 11 | | An organization organized | • | • | - | | | | |
| 12 | | An organization organized a | • | • | - | | | | |
| | | one or more publicly suppo | • | | | | | | |
| | _ | the box on lines 12a through | gh 12d that describ | es the type of suppor | ting orga | anization | and complete lines 1 | 2e, 12f, and 12g. | |
| а | | Type I. A supporting org | anization operated | , supervised, or contr | olled by | its supp | orted organization(s), | typically by giving | |
| | | the supported organization | on(s) the power to | regularly appoint or e | lect a ma | ajority of | the directors or truste | es of the | |
| | _ | supporting organization. ` | You must complet | e Part IV, Sections A | and B. | | | | |
| b | L | Type II. A supporting org | • | | | | | | |
| | | control or management of | of the supporting o | rganization vested in | the sam | e person | s that control or man | age the supported | |
| | _ | organization(s). You mus t | t complete Part IV | , Sections A and C. | | | | | |
| С | L | Type III functionally inte | | | | | | lly integrated with, | |
| | | its supported organization | | • | | | | | |
| d | L | Type III non-functionally | = | | | | | = :: | |
| | | that is not functionally into | - | - | - | | • | d an attentiveness | |
| | Г | requirement (see instruct | · | - | | | | | |
| е | L | Check this box if the orga | | | | | | II, Type III | |
| | _ | functionally integrated, or | • • | | porting o | organizat | ion. | | |
| Ι | | nter the number of supported | • | | | | | | |
| <u> </u> | | ovide the following information | | | God to the | | (A) Amount of monotoni | (vi) Amount of | |
| | (1) | Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | | organization ur governing | (v) Amount of monetary support (see | other support (see | |
| | | | | above (see instructions)) | | ment? | instructions) | instructions) | |
| | | | | | Yes | No | | | |
| (A) | | | | | | | | | |
| | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| | | | | | | | | | |
| (E) | | | | | | | | | |
| Tota | al | | | | | | | | |

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

Schedule A (Form 990) 2021

| Par | (Complete only if you checke Part III. If the organization fai | ed the box on | line 5, 7, or 8 | of Part I or if t | he organization | on failed to qua | |
|--------|---|----------------------------------|-------------------------------------|------------------------------------|------------------------------------|---------------------------------------|----------------------|
| Sec | tion A. Public Support | | | | | | |
| | endar 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 | | | | | | |
| | tion B. Total Support | | T | | 1 | T | Т |
| Cale | ndar 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 similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (s | see instructions) | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for organization, check this box and stop here | <u> </u> | | | | | |
| | tion C. Computation of Public Sup | | | | | <u> </u> | |
| 14 | Public support percentage for 2021 (li | • | | | | | |
| 15 | Public support percentage from 2020 | | | | | | |
| 16a | 331/3% support test - 2021. If the or | | | | | | I . |
| | box and stop here. The organization q | - | | _ | | | |
| b | 33 1/3 % support test - 2020. If the organization | = | | | | | |
| 17~ | this box and stop here. The organization | - | | _ | | | |
| 17a | 10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets | n meets the fa the facts-and- | acts-and-circums circumstances t | stances test, cheest. The organize | eck this box a zation qualifies | nd stop here. as a publicly | Explain in supported |
| b | organization | 2020. If the or | ganization did ı | not check a box | on line 13, 16 | 6a, 16b, or 17a | , and line |
| 40 | in Part VI how the organization meets | | | | | | ▶ ∟ |
| 18 | Private foundation. If the organization | n did not che | ck a box on lin | e 13, 16a, 16b |), 17a, or 17b, | check this box | c and see |

Schedule A (Form 990) 2021

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

JUST TRYAN IT, INC

(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.)

| | If the organization fails to qu | alify under the | tests listed bel | ow, please co | omplete Part II | .) | |
|-----------|--|------------------------|-----------------------|------------------|------------------|-----------------|-------------------|
| Sec | tion A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | SEE SUPP PAGE | | | | | |
| | received. (Do not include any "unusual grants.") | 394,267. | 403,037. | 686,171. | 367,646. | 549,079. | 2,400,200. |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | 45,517. | 53,098. | 96,219. | 11,882. | 36,784. | 243,500. |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | NONE |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | NONE |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | NONE |
| 6 | Total. Add lines 1 through 5 | 439,784. | 456,135. | 782,390. | 379,528. | 585,863. | 2,643,700. |
| | Amounts included on lines 1, 2, and 3 | | | , | | | , , |
| ra | received from disqualified persons | 24,520. | 29,269. | 75,384. | 29,979. | 33,859. | 193,011. |
| b | Amounts included on lines 2 and 3 | | | , | 22,7217 | 22,7227 | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | NONE |
| _ | or 1% of the amount on line 13 for the year | 24,520. | 29,269. | 75,384. | 29,979. | 33,859. | 193,011. |
| 8 | Add lines 7a and 7b | 24,320. | 29,209. | 75,304. | 29,919. | 33,639. | 193,011. |
| 0 | | | | | | | 2 450 690 |
| 500 | tion B. Total Support | | | | | | 2,450,689. |
| | | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | ndar year (or fiscal year beginning in) | 439,784. | 456,135. | 782,390. | 379,528. | 585,863. | 2,643,700. |
| 9 10 a | Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar | | | | | | |
| _ | sources | 26. | 24. | 32. | 19. | 13. | 114. |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | NONE |
| С | Add lines 10a and 10b | 26. | 24. | 32. | 19. | 13. | 114. |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on. | | | | | | NONE |
| 12 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | NONE |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | 439,810. | 456,159. | 782,422. | 379,547. | 585,876. | 2,643,814. |
| 14 | First 5 years. If the Form 990 is fo | r the organization | on's first, second | , third, fourth, | or fifth tax yea | ar as a section | 501(c)(3) |
| | organization, check this box and stop here | | | | | | ▶ 🔃 |
| Sec | tion C. Computation of Public Sup | port Percentag | ge | | | | |
| 15 | Public support percentage for 2021 (line 8 | , column (f), divide | ed by line 13, colun | nn (f)) | | 15 | 92.70% |
| 16 | Public support percentage from 2020 Sche | edule A, Part III, lin | e 15 | | | 16 | 93.02% |
| Sec | tion D. Computation of Investmen | t Income Perc | entage | | | | |
| 17 | Investment income percentage for 2021 (li | ne 10c, column (f | f), divided by line 1 | 3, column (f)) | | 17 | 0.00% |
| 18 | Investment income percentage from 2020 | | | | | 18 | 0.01% |
| | 331/3% support tests - 2021. If the o | | | | | | |
| | 17 is not more than 331/3%, check thi | - | | | | | |
| b | 331/3% support tests - 2020. If the org | - | - | • | | | |
| _ | line 18 is not more than 331/3%, check | | | | | | |
| 20 | Private foundation. If the organization | | | | . , | | |
| JSA | | OHOOK C | . 20% 011 11110 1- | .,, 100, | 3 UIIO DOX | | A (Form 990) 2021 |

JSA 1E1221 1.000

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

- 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
- 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).
- B 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.**
- 10 a 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 |
|------------------|----------|-----|----|
| ng by | _ | | |
| us | 1 | | |
| ed rer | 2 | | |
| nd | 3a | | |
| he | 3b | | |
| B) | 3с | | |
| If | 4a | | |
| gn o <i>n</i> | | | |
| on | 4b | | |
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| fit | 9c | | |
| on ed | | | |
| to | 10a | | |
| | 10b | | |

| Part | V Supporting Organizations (continued) | | | |
|--------|---|---------|-------|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | 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 | | |
| Secti | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | | • | | |
| 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. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | Yes | No |
| - | 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 | • | 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. | 3 | | |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | tructi | ons). | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | e instr | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | NO |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 22 | | |
| | | 2a | | |
| 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. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> | | | |
| э a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| - | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

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| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | nization | s | | | | | | |
|--|--|-------------|--------------------------|--------------------------------|--|--|--|--|--|
| 1 | 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. | | | | | | | | |
| Section A - Adjusted Net Income (A) Prior Year (B) Current Younged to perform the control optional control | | | | | | | | | |
| 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 | | | | | | | |
| Se | ction 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): | | | | | | | | |
| _ | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | | | |
| | Subtract line 2 from line 1d. | 3 | | | | | | | |
| _ | | - 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 | | | | | | | |
| Se | ction C - Distributable Amount | | | Current Year | | | | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | | | | | |
| 2 | | 2 | | | | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | | | | | |
| 4 | | 4 | | | | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | | | | | |
| 7 | Check here if the current year is the organization's first as a non-functional | lly integra | ited Type III supporting | g organization | | | | | |

Schedule A (Form 990) 2021

(see instructions).

7912NC T36Y V21-5F 9066923 **21**

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

Schedule A (Form 990) 2021

Part V

Page **7**

| Sect | ection D - Distributions Current Year | | | | | | | | |
|------|--|-------------------------------------|---------------------------------------|----|---|--|--|--|--|
| 1 | Amounts paid to supported organizations to accomplish e | 1 | | | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exer | | | | | | | | |
| | organizations, in excess of income from activity | 2 | | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | oses of supported organiz | zations | 3 | | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - p | 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 which | the organization is resp | onsive | | | | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | | | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | | | | | |
| _10 | Line 8 amount divided by line 9 amount | | | 10 | | | | | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2021 | าร | (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 - explain in Part VI). See | | | | | | | | |
| | instructions. | | | | | | | | |
| _3 | Excess distributions carryover, if any, to 2021 | | | | | | | | |
| a | From 2016 | | | | | | | | |
| b | From 2017 | | | | | | | | |
| c | From 2018 | | | | | | | | |
| d | From 2019 | | | | | | | | |
| е | From 2020 | | | | | | | | |
| 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: \$ | | | | | | | | |
| a | Applied to underdistributions of prior years | | | | | | | | |
| b | Applied to 2021 distributable amount | | | | | | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | | | | | | |
| | greater than zero, explain in Part VI. See instructions. | | | | | | | | |

Schedule A (Form 990) 2021

6

Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

and 4c.

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

| Name | e of the organization | Employer identification number |
|------|---|---|
| JUS | ST TRYAN IT, INC | 27-2059196 |
| Pa | rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A | Accounts. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 4 | | (1) |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in | n donor advised |
| | funds are the organization's property, subject to the organization's exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant fun | ds can be used |
| | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any | |
| | conferring impermissible private benefit? | |
| Pa | rt Conservation Easements. | 111111111111111111111111111111111111111 |
| 1 6 | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| • | | |
| | | f a historically important land area |
| | | f a certified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the | |
| | easement on the last day of the tax year. | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| b | | 2b |
| C | | 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a | |
| u | | 24 |
| • | | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminal | ated by the organization during the |
| | tax year 🕨 | |
| 4 | Number of states where property subject to conservation easement is located ▶ | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspectio | n, handling of |
| | violations, and enforcement of the conservation easements it holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co | onservation easements during the year |
| | • | - , |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor | nservation easements during the year |
| - | > \$ | .co. ranon cacomonic aaring inc year |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section | 170(h)(4)(R)(i) |
| 0 | | |
| _ | and section 170(h)(4)(B)(ii)? | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and describe how the organization reports conservation easements in its revenue and describe how the organization reports conservation easements in its revenue and describe how the organization reports conservation easements in its revenue and describe how the organization reports conservation easements in its revenue and describe how the organization reports conservation easements in its revenue and describe how the organization reports conservation easements in its revenue and describe how the organization reports conservation easements in its revenue and describe how the organization reports conservation easements in its revenue and describe how the organization reports conservation easements in its revenue and describe how the organization reports conservation are also as a second conservation of the organization of the | • |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financia | I statements that describes the |
| | organization's accounting for conservation easements. | |
| Pa | organizations Maintaining Collections of Art, Historical Treasures, or Other | Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, o | statement and balance sheet works |
| | of art, historical treasures, or other similar assets held for public exhibition, education, o | r research in furtherance of public |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes the | |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta | |
| | art, historical treasures, or other similar assets held for public exhibition, education, or resear provide the following amounts relating to these items: | arch in furtherance of public service, |
| | | > • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | > \$ |
| | (ii) Assets included in Form 990, Part X | |
| 2 | If the organization received or held works of art, historical treasures, or other similar as | ssets for financial gain, provide the |
| | following amounts required to be reported under FASB ASC 958 relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | |
| b | Assets included in Form 990, Part X | |
| | | |

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

c Leasehold improvements d Equipment........

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| Part VII | Investments - Other Securities. Complete if the organization answered | l "Ves" on Form 990 |) Part IV line 11h See Form 990 | Part Y line 12 |
|--------------------|---|---------------------|--|------------------|
| | (a) Description of security or category | (b) Book value | (c) Method of valuation | |
| | (including name of security) | (b) Book value | Cost or end-of-year mark | |
| • • | al derivatives | | | |
| | held equity interests | | | |
| (3) Other _ (A) | | | | |
| (A) (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | | d "Yes" on Form 990 |), Part IV, line 11c. See Form 990, | Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuati | |
| | | | Cost or end-of-year mark | et value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | (1) (5 000 B (1) (7) (7) | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. Complete if the organization answered | 1 "Yes" on Form 990 |) Part IV line 11d See Form 990 | Part X line 15 |
| - | | scription | , r arriv, iiile rra. dee r diiii 330, | (b) Book value |
| (1) | (a) 20 | Soription | | (b) Book value |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colu | umn (b) must equal Form 990, Part X, col. (B) | line 15.) | | |
| Part X | Other Liabilities. Complete if the organization answered line 25. | d "Yes" on Form 990 |), Part IV, line 11e or 11f. See Fori | m 990, Part X, |
| 1. | . , , | otion of liability | | (b) Book value |
| (1) Feder | ral income taxes | | | |
| | LL TAXES | | | 538. |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | on (h) must equal Form 000 Part V col (R) line 25) | | | F20 |

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 .

JSA 1E1270 1.000 Schedule D (Form 990) 2021

| Part | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | n. |
|--------------------|--|--------------------------------------|
| 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 | |
| b | Donated services and use of facilities | |
| С | Recoveries of prior year grants | |
| d | Other (Describe in Part XIII.) | |
| 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 | _ |
| b | Other (Describe in Part XIII.) | 4- |
| С 5 | Add lines 4a and 4b | 4c 5 |
| Part | | - |
| - uit | 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: | |
| a | Donated services and use of facilities | _ |
| b | Prior year adjustments | - |
| C | Other losses | - |
| d | | 2e |
| e | Add lines 2a through 2d | 3 |
| 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.) | |
| C | Add lines 4a and 4b | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). | 5 |
| | XIII Supplemental Information. | |
| Provide 2; Part | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | Part V, line 4; Part X, line mation. |
| SEE | SUPPLEMENTAL PAGE | |
| | | |
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Part XIII Supplemental Information (continued)

PART XIII - FIN 48 FOOTNOTE

Schedule D (Form 990) 2021

JTI IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF
INTERNAL REVENUE CODE. IN ADDITION, JTI IS NOT A PRIVATE FOUNDATION
WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. NO
PROVISION OF INCOME TAXES IS REQUIRED AT DECEMBER 31, 2021 AND 2020, AS
JTI HAD NO NET UNRELATED BUSINESS INCOME. JTI REQUIRES THAT A TAX
POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-LIKELY-THAN-NOT"
THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A
TAX RETURN. JTI DOES NOT BELIEVE ITS FINANCIAL STATEMENT INCLUDE, OR
REFLECT, ANY UNCERTAIN TAX POSITIONS. JTI'S FORM 990, RETURN OF
ORGANIZATION EXEMPT FROM INCOME TAX, IS GENERALLY SUBJECT TO EXAMINATION
BY THE TAXING AUTHORITIES FOR THREE YEARS AFTER FILING.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

| Name of the organization | n | | | | | Employer identification | on number |
|--------------------------|---|---------------------|-------------|-------------------------------------|-----------------------------------|--|---|
| JUST TRYAN I | T, INC | | | | | 27-205919 | |
| Part I Fundra | aising Activities. Comp | lete if the organi | ization ar | swered " | Yes" on Form 99 | 0, Part IV, line 1 | 7. |
| | 990-EZ filers are not red | quired to comple | te this pa | rt. | | | |
| 1 Indicate who | ether the organization rais | ed funds through a | any of the | following | activities. Check a | all that apply. | |
| | licitations | e | | _ | non-government g | | |
| b Internet | t and email solicitations | f | | | government grant | | |
| c Phone | solicitations | g | | | ising events | | |
| d In-pers | on solicitations | J | | | J | | |
| 2a Did the orga | anization have a written or | oral agreement w | ith any ind | dividual (in | cludina officers. d | irectors, trustees, | |
| or key empl | loyees listed in Form 990, | Part VII) or entity | in connec | tion with p | rofessional fundra | ising services? | Yes No |
| | the 10 highest paid indiv | | (fundraise | rs) pursua | nt to agreements | under which the | fundraiser is to be |
| compensate | ed at least \$5,000 by the o | organization. | | | | | |
| | | | | | | | |
| | d address of individual tity (fundraiser) | (ii) Activity | custody o | draiser have or control of outions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in | (vi) Amount paid to (or retained by) organization |
| | | | | | | col. (i) | organization |
| 4 | | | Yes | No | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
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| | | | | | | | |
| Total | es in which the organizati | | | | | | :t := |
| | or licensing. | ion is registered o | n licensed | i to solicit | contributions of | nas been nouned | it is exempt from |
| regionation | or noonomy. | | | | | | |
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Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | gross receipts greater than \$5,000 | 0. | | | |
|-----------------|----------|--|---|--|------------------------|--|
| | | | (a) Event #1 TRIATHLONS | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| ne | | | | | | |
| Revenue | 1 | Gross receipts | 299,872. | | | 299,872. |
| ፚ፝ | | Less: Contributions | 268,963. | | | 268,963. |
| | 3 | Gross income (line 1 minus line 2) | 30,909. | | | 30,909. |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | 1,381. | | | 1,381. |
| t Expe | 7 | Food and beverages | | | | |
| Direc | 8 | Entertainment | 1,214. | | | 1,214 |
| | 9 | Other direct expenses | 43,746. | | | 43,746. |
| | 10 11 | Direct expense summary. Add lin Net income summary. Subtract li | es 4 through 9 in colu ne 10 from line 3, colu | mn (d) | | 46,341. -15,432. |
| Pa | rt l | Gaming. Complete if the org | anization answered " | Yes" on Form 990, | Part IV, line 19, or | |
| | | \$15,000 on Form 990-EZ, lin | | , | , | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Rev | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Exper | 3 | Noncash prizes | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | |
| _ | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % No | Yes% No | Yes% No | |
| | 7 | Direct expense summary. Add lin | es 2 through 5 in colu | mn (d) | | |
| | 8 | Net gaming income summary. Su | ubtract line 7 from line | 1, column (d) | | |
| 9 a | ı | Enter the state(s) in which the orgalis the organization licensed to con If "No," explain: | | in each of these state | es? | Yes No |
| | | | | | | |
| 10a k | | Were any of the organization's gaming If "Yes," explain: | g licenses revoked, susp | | uring the tax year? | Yes No |
| | | | | | | |

Schedule G (Form 990) 2021

JSA 1E1282 1.000

7912NC T36Y V21-5F 9066923 **33**

SCHEDULE I (Form 990)

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

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Schedule I (Form 990) 2021

| Name of the organization | | | | | | Employer identification number | | | |
|--|-------------------|------------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|--|--|
| JUST TRYAN IT, INC | | | | | | | 27-2059196 | | |
| Part I General Information on Grants a | and Assistanc | 9 | | | | | | | |
| Does the organization maintain records to the selection criteria used to award the grant Describe in Part IV the organization's product. | ants or assistand | e? | | | | | X Yes No | | |
| Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | | | | | | | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | |
| (1) FAMILY REACH | | | | | | | | | |
| 142 BERKELEY STREET FL 3 BOSTON, MA 02113 | 91-2192211 | 501(C)(3) | 200,500. | | | | FAMILY ASSISTANCE | | |
| _(2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| 2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations | | | | | | | 1 | | |

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

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. |
|----------|---|
| | Part III can be duplicated if additional space is needed. |

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

PART I LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS:

FAMILY REACH PROVIDES DETAILED QUARTERLY SPENDING REPORTS TO THE

ORGANIZATION.

SCHEDULE 0 (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 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 27-2059196

JUST TRYAN IT, INC

PART I, LINE 1 (CONTINUED)

AND WELLNESS IN FUTURE COMMUNITY LEADERS.

PART III, LINE 1

JUST TRYAN IT, INC. SEEKS TO POSITIVELY IMPACT THE LIVES OF FAMILIES WHOSE CHILDREN HAVE BEEN DIAGNOSED WITH CANCER BY PROVIDING THEM WITH FINANCIAL ASSISTANCE. JUST TRYAN IT, INC. STRIVES TO INSTILL THE IMPORTANCE OF PHILANTHROPY AND SERVICE, PROMOTE WELLNESS, AND INSPIRE TOMORROW'S LEADERS TO MAKE A DIFFERENCE IN THEIR COMMUNITIES.

PART VI, SECTION B, LINE 11B

REVIEW PROCESS OF FORM 990:

FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY FOR REVIEW PRIOR TO FILING.

PART VI, SECTION B, LINE 12C

THE CONFLICT OF INTEREST POLICY OF JUST TRYAN IT, INC. IS APPLICABLE TO ALL CURRENT OFFICERS, DIRECTORS AND KEY EMPLOYEES (COVERED PERSONS). THIS POLICY APPLIES TO TRANSACTIONS OR OTHER ARRANGEMENTS IN WHICH THE PERSONAL OR FINANCIAL INTERESTS OF A COVERED PERSON (INCLUDING THROUGH A FAMILY MEMBER OR AFFILIATED ENTITY) MAY APPEAR TO BE ADVANCED BY AN ACTION OF THE ORGANIZATION, OR OTHERWISE WHENEVER A COVERED PERSON'S PERSONAL OR FINANCIAL INTERESTS COULD BE REASONABLY VIEWED AS AFFECTING HIS OR HER OBJECTIVITY OR INDEPENDENCE IN FULFILLING HIS OR HER DUTIES TO THE ORGANIZATION.

WHEN A COVERED PERSON BECOMES AWARE OF A POSSIBLE COVERED TRANSACTION, HE OR SHE SHALL HAVE A DUTY TO TAKE THE FOLLOWING ACTIONS:

SCHEDULE O (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 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection is at www.irs.gov/form990.

- A. IMMEDIATELY DISCLOSE THE EXISTENCE AND ALL MATERIAL FACTS OF THE POSSIBLE COVERED TRANSACTION TO THE EXECUTIVE DIRECTOR, OR THE BOARD OF DIRECTORS;
- B. REFRAIN FROM USING HIS OR HER PERSONAL INFLUENCE TO ENCOURAGE ENTERING INTO THE COVERED TRANSACTION; AND
- C. PHYSICALLY EXCUSE HIMSELF OR HERSELF FROM PARTICIPATION IN ANY
 DISCUSSIONS REGARDING THE COVERED TRANSACTION WITH OFFICERS, DIRECTORS,
 AND EMPLOYEES OF THE ORGANIZATION, EXCEPT TO RESPOND TO REQUESTS FOR
 INFORMATION.

IN ORDER TO ASSIST THE ORGANIZATION IN IDENTIFYING POTENTIAL COVERED TRANSACTIONS, EACH COVERED PERSON WHO CURRENTLY SERVES AS AN OFFICER, DIRECTOR OR KEY EMPLOYEE ANNUALLY SHALL COMPLETE AND SIGN A CONFLICT OF INTEREST QUESTIONNAIRE AND DECLARATION ("DECLARATION") PROVIDED BY THE ORGANIZATION AND SHALL UPDATE SUCH DECLARATION AS NECESSARY TO REFLECT CHANGES DURING THE COURSE OF THE YEAR. COMPLETED DECLARATIONS SHALL BE AVAILABLE FOR INSPECTION BY THE BOARD OF DIRECTORS AND THE OFFICERS OF THE ORGANIZATION AND BY SUCH OTHER PERSONS AS THE EXECUTIVE DIRECTOR MAY DEEM APPROPRIATE.

THIS POLICY SHALL BE ADMINISTERED BY THE BOARD WITH ASSISTANCE FROM THE CHIEF OPERATING OFFICER. IF THE CHIEF OPERATING OFFICER IS PARTY TO A POTENTIAL OR ACTUAL COVERED TRANSACTION, THE DUTIES OF THE CHIEF OPERATING OFFICER UNDER THIS POLICY SHALL BE PERFORMED BY ANOTHER OFFICER.

SCHEDULE O (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 990-EZ.

OMB No. 1545-0047

2021

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Name of the organization

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THE CHIEF OPERATING OFFICER SHALL PROVIDE A COPY OF THIS POLICY TO EACH CURRENT COVERED PERSON AND TO ALL NEW COVERED PERSONS UPON UNDERTAKING THE DUTIES OF SUCH OFFICE.

PART VI, SECTION C, LINE 19

AVAILABILITY OF GOVERNING DOCUMENTS AND FINANCIALS:

THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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