# Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

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| A F                         | or th     | e 2022 cal       | endar year, or tax year beginning          |                                      | and en  | ding     |              |                                    |          |   |                     |
|-----------------------------|-----------|------------------|--|--------------------------------------|---|----------|--------------|------------------------------------|----------|---|---------------------|
| B o                         |           | Ebl-             | C Name of organization                     |                                      |   |          |              | DE                                 | mploy    | er identifica                           | ation number        |
|                             | песк іга  | applicable:      | JUST TRYAN IT, INC                         |                                      |   |          |              |                                    |          |   |                     |
|                             | Addres    | ss change        | Doing business as                          |                                      |   |          |              | 2                                  | 7-20     | 59196                                   |                     |
|                             | Name      | change           | Number and street (or P.O. box if ma       | ail is not delivered to street addre | ss)   |          | Room/sui     | ite E T                            | elepho   | ne number                               |                     |
|                             | Initial I | return           | PO BOX 34589                               |                                      |   |          |              | ( )                                | 202)     | 997-60                                  | )16                 |
|                             | Final r   | eturn/terminated | City or town, state or province, coun      | try, and ZIP or foreign postal cod   | е   |          |              | <b>G</b> G                         | ross re  | eceipts \$                              |                     |
|                             | Amend     | ded return       | BETHESDA, MD 20827                         |                                      |   |          |              |                                    |          | 63                                      | 30,632.             |
|                             | Applica   | ation pending    | F Name and address of principal office     | r: GINA MAXHAM                       |   |          |              | H(a) Is this a gro<br>subordinates |          | for                                     | Yes X No            |
|                             |           |                  | PO BOX 34589, BETHESI                      | DA, MD 20827                         |   |          |              | H(b) Are all sub                   |          | included?                               | Yes No              |
| ī                           | Tax-ex    | cempt status:    | X 501(c)(3) 501(c) (                       | ) (insert no.) 49                    | 947(a)(1) or  |          | 527          | If "No,"                           | attach a | a list. See insti                       | ructions.           |
| J                           | Webs      | ite: WV          | WW.JUSTTRYANIT.COM                         |                                      |   |          |              | H(c) Group exe                     | mption   | number                                  |                     |
| K                           | Form      | of organization  | on: X Corporation Trust                    | Association Other                    |   | L Yea    | r of format  | ion: 2010 <b>N</b>                 | 1 State  | e of legal do                           | micile: MD          |
|                             | art I     |                  |  |                                      |   |          |              |                                    |          |   |                     |
|                             |           | _                | scribe the organization's mission or       | r most significant activities:       | JUST TE   | RYAN     | TT. TT       | NC. PROV                           | TDES     | FINAN                                   | ICTAL               |
| Ф                           | -         |                  | CANCE TO FAMILIES WHOS                     | _                                    |   |          |              |                                    |          | , |                     |
| Governance                  |           |                  | ALSO PROMOTING PHILAN                      |                                      |   |          |              |                                    |          |   |                     |
| ern                         | 2         | Check this       |  | discontinued its operations          | •   |          |              |                                    | ·        | net asset                               | <u> </u>            |
| Š                           | 3         |                  |  | •                                    |   |          |              |                                    | 3        |   | 15                  |
|                             | 4         |                  |  |                                      | dy (Part VI, line 1a) governing body (Part VI, line 1b) |          |              |                                    |          |   | 15                  |
| ies                         | 5         |                  | ber of individuals employed in cale        |                                      |   |          |              |                                    | 5        |   | 3                   |
| Activities &                | 5         |                  |  |                                      |   |          |              |                                    | 6        |   |                     |
| Act                         | 70        |                  | ber of volunteers (estimate if necess      |                                      |   |          |              |                                    |          |   | 407<br>NONE         |
|                             |           |                  | elated business revenue from Part VI       |                                      |   |          |              |                                    | 7a       |   | NONE                |
|                             | D         | Net unreia       | ated business taxable income from F        | Form 990-1, Part I, line 11 .        |   |          |              |                                    | 7b       | C                                       | NONE                |
|                             |           | 0                | (5.4)                                      |                                      |   |          |              | Prior Year                         | .70      | Cur                                     | rent Year           |
| ne                          | 8         |                  |  |                                      |   |          |              | 549,0                              |          |   | 588,619.            |
| Revenue                     | 9         |                  | service revenue (Part VIII, line 2g)       |                                      |   |          | NONE         |                                    | NONE     |   |                     |
| Re                          | 10        |                  | nt income (Part VIII, column (A), line     |                                      |   |          |              |                                    | 13.      |   | 34.                 |
|                             | 11        |                  | enue (Part VIII, column (A), lines 5,      |                                      |   |          |              | -11,9                              |          |   | -6,247.             |
|                             | 12        |                  | enue - add lines 8 through 11 (must        | •                                    |   |          |              | 537,2                              |          |   | 582,406.            |
|                             | 13        |                  | nd similar amounts paid (Part IX, colu     |                                      |   |          |              | 200,5                              |          |   | 292,210.            |
|                             | 14        |                  | paid to or for members (Part IX, colu      |                                      | I   | NONE     |              |                                    | NONE     |   |                     |
| es                          | 15        |                  | other compensation, employee bene          |                                      |   | 178,282. |              |                                    | 183,641. |   |                     |
| Expenses                    |           |                  | nal fundraising fees (Part IX, column      |                                      |   | NONE     |              |                                    | NONE     |   |                     |
| ×                           |           |                  | draising expenses (Part IX, column (I      | -                                    |   |          |              |                                    |          |   |                     |
| _                           |           |                  | enses (Part IX, column (A), lines 11       |                                      |   |          |              | 38,                                | 178.     |   | 46,670.             |
|                             |           |                  | enses. Add lines 13-17 (must equal         |                                      |   |          |              | 417,3                              |          |   | 522,521.            |
|                             | 19        | Revenue I        | less expenses. Subtract line 18 from       | n line 12                            |   |          |              | 119,8                              | 322.     |   | 59,885.             |
| Net Assets or Fund Balances |           |                  |  |                                      |   |          | Begin        | ning of Curren                     | t Year   | End                                     | l of Year           |
| set                         | 20        | Total asse       | ets (Part X, line 16)                      |                                      |   |          |              | 381,8                              | 368.     |   | 428,541.            |
| t As                        | 21        | Total liabi      | lities (Part X, line 26)                   |                                      |   |          |              | 15,                                | 538.     |   | 2,326.              |
| ջ문                          | 22        | Net assets       | s or fund balances. Subtract line 21       | from line 20                         |   |          |              | 366,3                              | 330.     |   | 426,215.            |
| Pa                          | rt II     | Signat           | ture Block                                 |                                      |   |          |              |                                    |          |   |                     |
| Und                         | der pe    | nalties of pe    | rjury, I declare that I have examined thi  | is return, including accompanyi      | ng schedules  | and sta  | atements, a  | and to the best                    | of my    | knowledge                               | and belief, it is   |
| Tiue                        | 5, COITE  | eci, and com     | piete. Deciaration of preparer (other than | onicer) is based on an informat      | IOII OI WIIICII   | preparer | ilas aliy ki | lowledge.                          |          |   |                     |
| ٥.                          |           |                  |  |                                      |   |          |              | 05.                                | /16/     | 2023                                    |                     |
| Sig                         |           | Signature of     | of officer                                 |                                      |   |          |              | Date                               |          |   |                     |
| He                          | re        | ELIZA            | BOTTI                                      |                                      | 200   |          |              |                                    |          |   |                     |
|                             |           | Type or pri      | nt name and title                          |                                      |   |          |              |                                    |          |   |                     |
| _                           |           | Print/Type       | e preparer's name                          | Preparer's signature                 |   | Date     |              | Check                              | if       | PTIN                                    |                     |
| Paid                        |           | RICHAR           | RD RUVELSON                                | RICHARD RUVELSO                      | N I   | 05/2     | 16/202       | 3 self-emple                       | oyed     | P00234                                  | 1075                |
|                             | parer     | Firm's nam       |  |                                      |   |          |              | Firm's EIN                         | 2        | 22-2027                                 |                     |
| use                         | Only      | Firm's add       |  | 900 BETHESDA, MD 20814-34            | 23  |          |              | Phone no.                          |          | 301-272                                 |                     |
| May                         | the       |                  | uss this return with the preparer          |                                      |   |          |              |                                    |          |   | es No               |
|                             |           |                  | luction Act Notice, see the separate       |                                      | -   |          |              |                                    |          |   | m <b>990</b> (2022) |

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|     |   |  | ponse or note to any line in this Part | III  | Х        |
|-----|---|--|--|--|----------|
| 1   | Briefly describe the orga                             | nization's mission:                        |  |  |          |
|     | SEE SCHEDULE O  |  |  |  |          |
|     |   |  |  |  |          |
| 2   |   |  | nt program services during the year    |  |          |
|     | prior Form 990 or 990-E<br>If "Yes," describe these r | Z?<br>ew services on Scho                  | edule O.                               |  | Yes X No |
| 3   | services?   |  | or make significant changes in h       |  | Yes X No |
| 4   | expenses. Section 501(                                | on's program servic<br>c)(3) and 501(c)(4) | e accomplishments for each of it       | s three largest program services, ort the amount of grants and alloc |          |
| 4a  | (Code: ) (Ex  | rpenses \$ 419                             | 981. including grants of \$            | 292,210. ) (Revenue \$   | )        |
|     | THE MAIN EVENTS                                       | HELD BY THIS                               | ORGANIZATION ARE CHILDRE               | N'S  |          |
|     | TRIATHLONS. IN 2                                      | 2022, THE ORGA                             | NIZATION CONDUCTED IN-PE               | RSON   |          |
|     |   |  | ARE HELD TO SUPPORT THE                |  |          |
|     | ORGANIZATION'S N                                      | MISSION.                                   |  |  |          |
|     |   |  |  |  |          |
|     |   |  |  |  |          |
|     |   |  |  |  |          |
| 4b  | (Code:) (Ex   | penses \$                                  | including grants of \$                 | ) (Revenue \$  | )        |
|     |   |  |  |  |          |
|     |   |  |  |  |          |
| 4c  | (Code:) (Ex   | penses \$                                  | including grants of \$                 | ) (Revenue \$  | )        |
|     |   |  |  |  |          |
|     |   |  |  |  |          |
|     |   |  |  |  |          |
|     |   |  |  |  |          |
|     |   |  |  |  |          |
| 4d  | Other program services                                |  | -                                      |  |          |
| 4 - | (Expenses \$ Total program service ex                 | including grant                            |  | \$ )   |          |

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| Part   | 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     | X   |          |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                            | 2     | X   |          |
| 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     |     | Х        |
| 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            |       |     |          |
| •      | 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     |  | 40    |     | 77       |
| 44     | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10    |     | X        |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,               |       |     |          |
|        | VII, VIII, IX, or X, as applicable.  |       |     |          |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"                     |       |     |          |
| _      | complete Schedule D, Part VI   | 11a   |     | X        |
| b      | Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more              |       |     |          |
|        | of its total assets reported in Part X, line 16? 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   |     | Х        |
| 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   |     | Х        |
|        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X      | 11e   | X   | <u> </u> |
| 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   |     | Х        |
| 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   |     | Х        |
| 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   |     | Х        |
| 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   |     | Х        |
| 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    |     | Х        |
| 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                | - ' ' |     | 21       |
| .0     | 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    | Λ   |          |
| 13     |  | 10    |     | v        |
| 20.0   | If "Yes," complete Schedule G, Part III  | 19    |     | X        |
|        | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                | 20a   |     | Х        |
|        | 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   |          |
| 2E1021 |  |       | _   | (2022)   |
|        | 7912NC T36Y V22-4.7F 9066923   |       | 7   |          |
|        |  |       |     |          |

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Part IV Chocklist of Poquired Schodules (continued)

| Part | Checklist of Required Schedules (continued)  |     | V   | N1 - |
|------|--|-----|-----|------|
|      |  |     | 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  |     | X    |
| 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  |     | Х    |
| 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 |     | X    |
| 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?       |     |     |      |
|      |  | 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  |     | Х    |
| 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    |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                    | 28b |     | Х    |
|      | 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  |     | Х    |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31  |     | Х    |
| 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  |     | Х    |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations         |     |     |      |
|      | sections 301.7701-2 and 301.7701-3? 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,     |     |     |      |
|      | or IV, and Part V, line 1  | 34  |     | Х    |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                            | 35a |     | Х    |
|      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a            |     |     |      |
|      | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2          | 35b |     |      |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable               |     |     |      |
|      | related organization? 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   |     |     |      |
|      | 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         |     |     |      |
|      | 19? <b>Note</b> : 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   |
|      | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable                                       |     |     |      |
|      | 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  | Х   |      |

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| Par  | Statements Regarding Other IRS Filings and Tax Compliance (continued)   |     | Yes | No |
|------|---|-----|-----|----|
|      | 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   |     |     |    |
| h    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                    | 2b  | Х   |    |
|      | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a  |     | X  |
|      | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>                                | 3b  |     |    |
|      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,                           |     |     |    |
| 74   | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                | 4a  |     | Х  |
| h    | 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  |     | Х  |
|      | 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  |     |    |
|      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  |     |     |    |
| - Cu | organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a  |     | Х  |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contributions or                                    |     |     |    |
| -    | gifts were not tax deductible?  | 6b  |     |    |
| 7    | Organizations that may receive deductible contributions under section 170(c).   |     |     |    |
| а    | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods                                       |     |     |    |
|      | and services provided to the payor?   | 7a  | Х   |    |
| b    | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b  | Х   |    |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |     |     |    |
|      | required to file Form 8282?   | 7c  |     | X  |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year   |     |     |    |
|      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                   | 7e  |     | X  |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                      | 7f  |     | X  |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                  | 7g  |     |    |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? $oldsymbol{.}$ | 7h  |     |    |
| 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |     |     |    |
|      | sponsoring organization have excess business holdings at any time during the year?  | 8   |     |    |
| 9    | Sponsoring organizations maintaining donor advised funds.   |     |     |    |
|      | 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  |     |    |
| 10   | 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   |     |     |    |
|      | Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders   |     |     |    |
|      | Gross income from members or shareholders   |     |     |    |
| D    | against amounts due or received from them.)   |     |     |    |
| 122  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a |     |    |
|      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |     |     |    |
|      | Section 501(c)(29) qualified nonprofit health insurance issuers.  |     |     |    |
|      | Is the organization licensed to issue qualified health plans in more than one state?  | 13a |     |    |
|      | <b>Note:</b> 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  |     |     |    |
| С    | Enter the amount of reserves on hand  |     |     |    |
|      | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a |     | Х  |
| b    | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O   | 14b |     |    |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                                     |     |     |    |
|      | excess parachute payment(s) during the year?  | 15  |     | Х  |
|      | If "Yes," see the instructions and file Form 4720, Schedule N.  |     |     |    |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                                   | 16  |     | X  |
|      | If "Yes," complete Form 4720, Schedule O.   |     |     |    |
| 17   | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities                                     | 4-  |     |    |
|      | that would result in the imposition of an excise tax under section 4951, 4952, or 4953?  If "Yes." complete Form 6069.                            | 17  |     |    |

Form 990 (2022) JUST TRYAN IT, INC 27-2059196 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Section A. Governing Body and Management

| <b>3</b> E C L   | ion A. Governing body and management  |             |             |          |
|------------------|---|-------------|-------------|----------|
|                  |   |             | Yes         | No       |
| 10               | Enter the number of voting members of the governing body at the end of the tax year   1a   15   |             |             |          |
| ıa               | 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.   |             |             |          |
| b                | Enter the number of voting members modeled of the rate above, who are madpendent i i i i  |             |             |          |
| 2                | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with  |             |             | 37       |
|                  | any other officer, director, trustee, or key employee?  | 2           |             | X        |
| 3                | Did the organization delegate control over management duties customarily performed by or under the direct   |             |             |          |
|                  | supervision of officers, directors, trustees, or key employees to a management company or other person?   | 3           |             | X        |
| 4                | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4           |             | Х        |
| 5                | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5           |             | X        |
| 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 elect or appoint   |             |             |          |
|                  | one or more members of the governing body?  | 7a          |             | X        |
| b                | Are any governance decisions of the organization reserved to (or subject to approval by) members,   |             |             |          |
|                  | stockholders, or persons other than the governing body?   | 7b          |             | Х        |
| 8                | Did the organization contemporaneously document the meetings held or written actions undertaken during  |             |             |          |
|                  | the year by the following:  |             |             |          |
| а                | The governing body?   | 8a          | Х           |          |
| 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 reached at  |             |             |          |
| 3                | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | 9           |             | Х        |
| Secti            | on B. Policies (This Section B requests information about policies not required by the Internal Revenue   |             | <u>, ) </u> |          |
|                  |   | -           | Yes         | No       |
| 40-              | Did the expenientian base level aboutors branches or offiliates?  | 10a         |             | Х        |
|                  | Did the organization have local chapters, branches, or affiliates?  | 100         |             | 21       |
| b                | ,   | 10b         |             |          |
|                  | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 11a         | Х           |          |
|                  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a         | Λ           |          |
| b                | Describe on Schedule O the process, if any, used by the organization to review this Form 990.   | 425         | 37          |          |
| 12a              | , , , ,   | 12a         | X           |          |
| b                | 3   |             |             |          |
|                  | rise to conflicts?  | 12b         | X           |          |
| С                | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"   |             |             |          |
|                  | describe on Schedule O how this was done  | 12c         | 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 and approval by  |             |             |          |
|                  | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |             |             |          |
| а                | The organization's CEO, Executive Director, or top management official  | 15a         |             | X        |
| b                | Other officers or key employees of the organization   | 15b         |             | X        |
|                  | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |             |             |          |
| 16a              | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  |             |             |          |
|                  | with a taxable entity during the year?  | 16a         |             | X        |
| b                | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its  |             |             |          |
| -                | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the   |             |             |          |
|                  | organization's exempt status with respect to such arrangements?   | 16b         |             |          |
| Secti            | ion C. Disclosure   | 1 2.2       |             |          |
| 17               | List the states with which a copy of this Form 990 is required to be filedMD, NC, VA,   |             |             |          |
| 1 <i>7</i><br>18 |   | T /000      | tion F      | 01/6     |
| 10               | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | 1 (560      | 011 3       | U I (C   |
|                  | Own website Another's website X Upon request Other (explain on Schedule O)  |             |             |          |
| 40               |   | . e . e . e |             | - I! - · |
| 19               | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of  | or inte     | rest 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 books and records ELIZABETH BOTTI 40 E 62ND STREET, #5E NEW YORK, NY 10065

Form **990** (2022)

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2E1042 1.000

301-873-1811

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

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and title      | (B) Average hours per week  | Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              | is both                      | an     | (D) Reportable compensation from the          | (E) Reportable compensation from related       | (F) Estimated amount of other compensation      |
|----------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|                            | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/<br>1099-MISC/<br>1099-NEC) | organizations (W-2/<br>1099-MISC/<br>1099-NEC) | from the organization and related organizations |
| (1) MAUREEN COLBURN        | 5.00  |  |                       |         |              |                              |        |   |  |   |
| PRESIDENT                  | NONE  | -  |                       | Х       |              |                              |        | 95,481.                                       | NONE   | NONE  |
| (2) ELIZABETH K BOTTI      | 20.00   |  |                       |         |              |                              |        | 33,101.                                       | 110112   | 110112  |
| CHIEF OPERATING OFFICER    | NONE  |  |                       | х       |              |                              |        | 37,132.                                       | NONE   | NONE  |
| (3) GINA MAXHAM            | 5.00  |  |                       |         |              |                              |        | 3.,1321                                       | 1,01,1   | 110112  |
| CHAIRPERSON                | NONE  | Х  |                       | Х       |              |                              |        | NONE  | NONE   | NONE  |
| (4) CHRIS JOHNSON          | 5.00  |  |                       |         |              |                              |        | -   | -  |   |
| CHAIRPERSON (PAST)         | NONE  | Х  |                       | Х       |              |                              |        | NONE  | NONE   | NONE  |
| (5) JEN DEL GUERCIO        | 5.00  |  |                       |         |              |                              |        |   |  |   |
| CHAIRWOMEN EMERITUS (PAST) | NONE  | Х  |                       | Х       |              |                              |        | NONE  | NONE   | NONE  |
| (6) UTE REICHLING          | 3.00  |  |                       |         |              |                              |        |   |  |   |
| VICE CHAIR (PAST)          | NONE  | Х  |                       | Х       |              |                              |        | NONE  | NONE   | NONE  |
| (7) OLIVIA TOMOFF          | 3.00  |  |                       |         |              |                              |        |   |  |   |
| SECRETARY                  | NONE  | Х  |                       | Х       |              |                              |        | NONE  | NONE   | NONE  |
| (8) JIM BRINKMAN           | 3.00  |  |                       |         |              |                              |        |   |  |   |
| TREASURER (PAST)           | NONE  | Х  |                       | Х       |              |                              |        | NONE  | NONE   | NONE  |
| (9) PHILIP LAROSA          | 3.00  |  |                       |         |              |                              |        |   |  |   |
| TREASURER                  | NONE  | Х  |                       | Х       |              |                              |        | NONE  | NONE   | NONE  |
| (10) CHUCK ALEXANDER       | 3.00  |  |                       |         |              |                              |        |   |  |   |
| BOARD MEMBER               | NONE  | Х  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (11) MOLLIE DARBY          | 3.00  |  |                       |         |              |                              |        |   |  |   |
| BOARD MEMBER               | NONE  | Х  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (12) SAM GOBRAIL           | 3.00  |  |                       |         |              |                              |        |   |  |   |
| BOARD MEMBER               | NONE  | Х  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (13) DALIA MACK            | 3.00  |  |                       |         |              |                              |        |   |  |   |
| BOARD MEMBER               | NONE  | Х  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (14) JULIE SCHUMAN         | 3.00  |  |                       |         |              |                              |        |   |  |   |
| BOARD MEMBER               | NONE  | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |

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| Form 990 (2022)   |   |                                |                     |         |                                       |                              |                       |                   |                    |         |                   | Page <b>8</b> |
|---|---|--------------------------------|---------------------|---------|---------------------------------------|------------------------------|-----------------------|-------------------|--------------------|---------|-------------------|---------------|
| Part VII Section A. Officers, Directors, Tr             | ustees, Ke                              | y En                           | nplo                | ye      | es,                                   | and F                        | ligl                  | hest Compensat    | ed Employ          | yees (c | ontinued)         |               |
| (A)   | (B)                                     |                                |                     | (0      | C)                                    |                              |                       | (D)               | (E)                |         | (F                | )             |
| Name and title  | Average                                 |                                |                     | Pos     | sition                                |                              |                       | Reportable        | Reporta            | able    | Estim             | ated          |
|   | hours per                               |                                |                     |         | eck more than one s person is both an |                              |                       | compensation      | compensati         |         | amou              |               |
|   | week (list any<br>hours for             |                                |                     |         |                                       | or/trust                     |                       | from<br>the       | relate<br>organiza |         | oth<br>comper     |               |
|   | related                                 | or Ind                         | Ins                 | 9       | Fo.                                   |                              | Fo                    | organization      | (W-2/1099          |         | from              |               |
|   | organizations                           | dividual t                     | Ē                   | Officer | y en                                  | jhes<br>ploy                 | Former                | (W-2/1099-MISC)   |                    | /       | organiz           |               |
|   | below dotted<br>line)                   | ual t                          | iona                |         | Key employee                          | t co                         |                       |                   |                    |         | and re<br>organiz |               |
|   | 11110)                                  | Individual trustee or director | Institutional trust |         | yee                                   | Highest compensated employee |                       |                   |                    |         | organiz           | ationo        |
|   |   | ee                             | stee                |         |                                       | nsa                          |                       |                   |                    |         |                   |               |
|   |   |                                |                     |         |                                       | ted                          |                       |                   |                    |         |                   |               |
| 15) LINDSAY TEMPLETON                                   | 3.00                                    |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
| BOARD MEMBER  | NONE                                    | Х                              |                     |         |                                       |                              |                       | NONE              |                    | NONE    |                   | NONE          |
| 16) ROSEMARY THOMAS                                     | 3.00                                    |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
| BOARD MEMBER  | NONE                                    | Х                              |                     |         |                                       |                              |                       | NONE              |                    | NONE    |                   | NONE          |
| 17) SARAH WARD  | 3.00                                    |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
| BOARD MEMBER  | NONE                                    | Х                              |                     |         |                                       |                              |                       | NONE              |                    | NONE    |                   | NONE          |
|   |   |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
|   | T                                       |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
|   |   |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
|   | T                                       |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
|   |   |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
|   |   |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
|   |   |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
|   | T                                       |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
|   |   |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
|   | T                                       |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
|   |   |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
|   | T                                       |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
|   |   |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
|   |   |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
|   |   |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
|   | †                                       |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
| 1b Sub-total  | •                                       |                                |                     |         |                                       |                              | <b></b>               | 132,613.          |                    | NONE    |                   | NONE          |
| c Total from continuation sheets to Part VII, S         | ection A                                |                                |                     |         |                                       |                              | <b>•</b>              | NONE              |                    | NONE    |                   | NONE          |
| d Total (add lines 1b and 1c)                           | _                                       |                                |                     |         |                                       |                              | $\blacktriangleright$ | 132,613.          |                    | NONE    |                   | NONE          |
| 2 Total number of individuals (including but not        |   |                                |                     |         |                                       |                              | o re                  | eceived more than | \$100,000          | of      |                   |               |
| reportable compensation from the organizatio            |   |                                |                     |         | NO                                    |                              |                       |                   |                    |         |                   |               |
|   |   |                                |                     |         |                                       |                              |                       |                   |                    |         | Y                 | es No         |
| 3 Did the organization list any former office           | er, directo                             | r. or                          | tru                 | ıste    | e.                                    | kev e                        | ame                   | olovee, or highes | t compens          | ated    |                   |               |
| employee on line 1a? If "Yes," complete Sched           |   |                                |                     |         |                                       |                              |                       |                   |                    |         | 3                 | Х             |
| 4 For any individual listed on line 1a, is the          | sum of rar                              | ortak                          | مام د               | om      | nan                                   | eation                       | n 21                  | nd other company  | sation from        | the     |                   |               |
| organization and related organizations gr               |   |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
| individual  |   |                                |                     |         |                                       |                              |                       |                   |                    |         | 4                 | Х             |
| 5 Did any person listed on line 1a receive or           |   |                                |                     |         |                                       |                              |                       |                   |                    | idual   |                   |               |
| for services rendered to the organization? <i>If "Y</i> |   |                                |                     |         |                                       |                              |                       |                   |                    |         | 5                 | Х             |
| Section B. Independent Contractors                      | , |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
| Complete this table for your five highest com           | pensated i                              | ndepe                          | ende                | ent     | con                                   | tracto                       | rs t                  | hat received more | than \$100         | ),000 o | f                 |               |
| compensation from the organization. Report of           |   |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
| year.   |   |                                |                     |         |                                       |                              |                       |                   |                    |         |                   |               |
|   |   |                                |                     |         |                                       |                              |                       | (B)               |                    |         | (C)               |               |

| (A) Name and business address | (B) Description of services | (C)<br>Compensation |
|-------------------------------|-----------------------------|---------------------|
|                               |                             |                     |
|                               |                             |                     |
|                               |                             |                     |
|                               |                             |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE NONE

Form **990** (2022)

## Part VIII Statement of Revenue

|   | Check if Schedule O contains a response or note to any line in this Part VIII |   |                |   |  |                                      |  |  |  |  |
|---|---|---|----------------|---|--|--------------------------------------|--|--|--|--|
|   |   |   |                | (A)<br>Total revenue                    | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512-514 |  |  |  |
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a  | Federated campaigns 1a                                    |                |   |  |                                      |  |  |  |  |
| Gra   | b   | Membership dues   | 338,168.       |   |  |                                      |  |  |  |  |
| Ar.   | C   | Fundraising events 1c                                     | 330,100.       |   |  |                                      |  |  |  |  |
| igi<br>ar   | d   | Related organizations 1d                                  |                |   |  |                                      |  |  |  |  |
| ä.ä   | e   | Government grants (contributions) . 1e                    |                |   |  |                                      |  |  |  |  |
| io.   | f   | All other contributions, gifts, grants,                   | 250 451        |   |  |                                      |  |  |  |  |
| but   |   | and similar amounts not included above . 1f               | 250,451.       |   |  |                                      |  |  |  |  |
| Ēδ  | g   | Noncash contributions included in                         | •              |   |  |                                      |  |  |  |  |
| Son   | ١.  | lines 1a-1f   |                | 500 610                                 |  |                                      |  |  |  |  |
|   | n   | Total. Add lines 1a-1f                                    | Business Code  | 588,619.                                |  |                                      |  |  |  |  |
| ø   |   |   | busiliess code |   |  |                                      |  |  |  |  |
| Š   | 2a  |   |                |   |  |                                      |  |  |  |  |
| Program Service<br>Revenue                              | b   |   |                |   |  |                                      |  |  |  |  |
| Ĕ Ž   | С   |   |                |   |  |                                      |  |  |  |  |
| gra<br>Re   | d   |   |                |   |  |                                      |  |  |  |  |
| 5   | е   |   |                |   |  |                                      |  |  |  |  |
| _   | l t   | All other program service revenue                         |                | NONE                                    |  |                                      |  |  |  |  |
|   | <u>g</u>  | Total. Add lines 2a-2f                                    |                | NONE                                    |  |                                      |  |  |  |  |
|   | 3   | Investment income (including dividends,                   |                | 34.                                     |  |                                      | 34.  |  |  |  |
|   | 4   | other similar amounts)                                    |                | NONE                                    |  |                                      |  |  |  |  |
|   | 5   | Royalties   |                | NONE                                    |  |                                      |  |  |  |  |
|   |   | (i) Real  | (ii) Personal  |   |  |                                      |  |  |  |  |
|   | 6a  | Gross rents 6a  |                |   |  |                                      |  |  |  |  |
|   | b   | Less: rental expenses 6b                                  |                |   |  |                                      |  |  |  |  |
|   | C   | Rental income or (loss) 6c NONE                           | 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>a</u>  | b   | Less: cost or other basis                                 |                |   |  |                                      |  |  |  |  |
| an.   |   | and sales expenses 7b                                     |                |   |  |                                      |  |  |  |  |
| Revenue   | С   | Gain or (loss) 7c   |                |   |  |                                      |  |  |  |  |
|   | d   | Net gain or (loss)  |                | NONE                                    |  |                                      |  |  |  |  |
| Other   | 8a  | Gross income from fundraising                             |                |   |  |                                      |  |  |  |  |
| 0   |   | events (not including \$338,168.                          |                |   |  |                                      |  |  |  |  |
|   |   | of contributions reported on line                         |                |   |  |                                      |  |  |  |  |
|   |   | 1c). See Part IV, line 18 8a                              | 41,979.        |   |  |                                      |  |  |  |  |
|   | b   | Less: direct expenses 8b                                  | 48,226.        |   |  |                                      |  |  |  |  |
|   | С   | Net income or (loss) from fundraising events              |                | -6,247.                                 |  |                                      | -6,247.  |  |  |  |
|   | 9a  | Gross income from gaming                                  |                |   |  |                                      |  |  |  |  |
|   |   | activities. See Part IV, line 19 9a                       | NONE           |   |  |                                      |  |  |  |  |
|   | b   | Less: direct expenses 9b                                  | NONE           |   |  |                                      |  |  |  |  |
|   | С   | Net income or (loss) from gaming activities.              |                | NONE                                    |  |                                      |  |  |  |  |
|   | 10a   | Gross sales of inventory, less                            |                |   |  |                                      |  |  |  |  |
|   |   | returns and allowances 10a                                | NONE           |   |  |                                      |  |  |  |  |
|   | 1   | Less: cost of goods sold 10b                              | NONE           |   |  |                                      |  |  |  |  |
|   | С   | Net income or (loss) from sales of inventory.             |                | NONE                                    |  |                                      | -  |  |  |  |
| Sno   |   |   | Business Code  |   |  |                                      |  |  |  |  |
| Miscellaneous<br>Revenue                                | 11a   |   |                |   |  |                                      |  |  |  |  |
| la  | b   |   |                |   |  |                                      | -  |  |  |  |
| Sce   | C   | All other revenue   |                |   |  |                                      | -  |  |  |  |
| Ξ̈́   | d   | All other revenue   |                | 27027                                   |  |                                      |  |  |  |  |
|   | <u>е</u><br>12  | Total. Add lines 11a-11d  Total revenue. See instructions |                | NONE<br>582,406.                        |  |                                      | -6,213.  |  |  |  |
| JSA   |   |   |                | 302,400.                                | l                                      | <u> </u>                             | Form <b>990</b> (2022)                               |  |  |  |
|   | 1 1.000<br>7 9  | 12NC T36Y   | V22-4 7⋤       | 9066923                                 |  |                                      | 13   |  |  |  |
|   | , ,   |   | V22 1.71       | , |  |                                      |  |  |  |  |

## 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 respo  | nse or note to any line | in this Part IX              |   |                                       |
|----|---|-------------------------|------------------------------|---|---------------------------------------|
|    | not include amounts reported on lines 6b, 7b,<br>9b, and 10b of Part VIII.  | (A)<br>Total expenses   | (B) Program service expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1  | Grants and other assistance to domestic organizations   |                         |                              |   |                                       |
|    | and domestic governments. See Part IV, line 21  | 292,210.                | 292,210.                     |   |                                       |
| 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   | 132,613.                | 61,927.                      | 49,219.                                   | 21,467                                |
| 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  | 37,132.                 | 35,647.                      | 1,485.                                    | NONE                                  |
| 8  | Pension plan accruals and contributions (include  | NONE                    |                              |   |                                       |
|    | section 401(k) and 403(b) employer contributions)   |                         |                              |   |                                       |
| 9  | Other employee benefits   | NONE                    |                              | 4 100                                     | 1 550                                 |
| 10 | Payroll taxes   | 13,896.                 | 7,957.                       | 4,180.                                    | 1,759                                 |
| 11 | Fees for services (nonemployees):   |                         |                              |   |                                       |
|    | Management  | NONE                    |                              |   |                                       |
|    | Legal   | NONE                    | 2.210                        | 0.07                                      | 254                                   |
|    | Accounting  | 3,500.                  | 2,219.                       | 927.                                      | 354                                   |
|    | Lobbying  | NONE                    |                              |   |                                       |
|    | Professional fundraising services. See Part IV, line 17.  | NONE                    |                              |   |                                       |
|    | Investment management fees  | NONE                    |                              |   |                                       |
| g  | Other. (If line 11g amount exceeds 10% of line 25, column   | NONE                    |                              |   |                                       |
| 40 | (A), amount, list line 11g expenses on Schedule O.)   | NONE<br>5,819.          | 5,768.                       | 40.                                       | 11                                    |
|    | Advertising and promotion   | 2,154.                  | 194.                         | 375.                                      | 1,585                                 |
| 13 | Office expenses   | 15,237.                 | 4,831.                       | 3,502.                                    | 6,904                                 |
| 14 | Information technology  | NONE                    | 4,031.                       | 3,302.                                    | 0,004                                 |
| 15 | Royalties   | NONE                    |                              |   |                                       |
|    | Occupancy   | 3,658.                  | 3,562.                       | 96.                                       |                                       |
|    | Payments of travel or entertainment expenses  | 3,030.                  | 3,302.                       | 50.                                       |                                       |
| 10 | for any federal, state, or local public officials   | NONE                    |                              |   |                                       |
| 10 | Conferences, conventions, and meetings  | 1,805.                  |                              | 1,805.                                    |                                       |
|    | Interest  | NONE                    |                              | 1,000.                                    |                                       |
|    | Payments to affiliates  | NONE                    |                              |   |                                       |
|    | Depreciation, depletion, and amortization   | NONE                    |                              |   |                                       |
|    | Insurance   | 8,479.                  | 5,304.                       | 2,270.                                    | 905                                   |
|    | 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.)   |                         |                              |   |                                       |
| а  | FUNDRAISING DIRECT EXPENSES   | 2,731.                  |                              | 81.                                       | 2,650                                 |
| b  | SPONSORSHIP MGMT FEE  | 955.                    | 117.                         | 75.                                       | 763                                   |
| С  | STATE FILING & LICENSE FEES   | 636.                    | 202.                         | 434.                                      |                                       |
| d  | ELECTRONIC TRANSACTION FEE  | 1,608.                  |                              | 93.                                       | 1,515                                 |
| е  | All other expenses  | 88.                     | 43.                          | 45.                                       |                                       |
| 25 | Total functional expenses. Add lines 1 through 24e  | 522,521.                | 419,981.                     | 64,627.                                   | 37,913                                |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here |                         |                              |   |                                       |
|    | following SOP 98-2 (ASC 958-720)  |                         |                              |   |                                       |

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## Part X Balance Sheet

| Savings and temporary cash investments.   381,868.   2   427,841  |      |      | Check if Schedule O contains a response or note to any line in this Pa     | art X    |     |          |
|---|------|------|--|----------|-----|----------|
| 2   Savings and temporary cash investments  |      |      |  |          |     |          |
| 2   Savings and temporary cash investments.   381, 868. 2   427, 841  |      | 1    | Cash - non-interest-bearing  | NONE     | 1   | 700.     |
| 3 Pledges and grants receivable, net  |      | 2    |  | 381,868. | 2   | 427,841. |
| Accounts receivable, net  |      | 3    |  | NONE     | 3   | NONE     |
| trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  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).  7 Notes and loans receivable, net.  8 NONE 7 NONE 8 NONE 7 NONE 8 NONE 9 Prepaid expenses and deferred charges NONE 9 Prepaid expenses and deferred charges NONE 9 NONE 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation.  10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation.  11 Investments - publicly traded securities.  12 Investments - publicly traded securities.  13 Investments - program-related. See Part IV, line 11 NONE 12 NONE 13 NONE 14 Intangible assets.  14 Intangible assets. See Part IV, line 11 NONE 14 NONE 14 NONE 15 NODE 15 NODE 15 NODE 16 Total assets. Add lines 1 through 15 (must equal line 33) 381, 868. 16 428, 541 NONE 17 NODE 18 NONE 18 NONE 18 NONE 19 Deferred revenue 15,000. 19 1,765.  18 Grants payable and accrued expenses. NONE 18 NONE 18 NONE 18 NODE 18 N      |      | 4    |  | NONE     | 4   | NONE     |
| controlled entity or family member of any of these persons . NONE 5 NOE 6 Loans and other receivables from other disqualified persons (as defined under section 4958(()(1)), and persons described in section 4958(c)(3)(B) , NONE 7 NOE 8 NOE 9 NOE 8 NOOE 9 Prepaid expenses and deferred charges NONE 9 NOE 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . 10a  |      | 5    | Loans and other receivables from any current or former officer, director,  |          |     |          |
| Cans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8), NONE 6   NONE 7   NOOE and loans receivable, net   NONE 9   NONE 9   Prepaid expenses and deferred charges   NONE 9   Prepaid expenses and deferred charges   NONE 9   NONE 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D   10a   NONE 11   NONE 12   NOOE 11   Investments - publicly traded securities. See Part IV, line 11   NONE 12   Investments - program-related See Part IV, line 11   NONE 12   NOOE 13   NOOE 14   Intangible assets   NONE 14   NOOE 15   NO        |      |      | trustee, key employee, creator or founder, substantial contributor, or 35% |          |     |          |
| Under section 4958(f)(1)), and persons described in section 4958(c)(3)(8).   NONE   6   NONE   7  |      |      | controlled entity or family member of any of these persons                 | NONE     | 5   | NONE     |
| 7   Notes and loans receivable, net   |      | 6    | Loans and other receivables from other disqualified persons (as defined    |          |     |          |
| 8 Inventories for sale or use 9 Prepaid expenses and deferred charges NONE 9 NONE 9 NONE 9 NONE 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   |      |      | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  | NONE     | 6   | NONE     |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | įts  | 7    | Notes and loans receivable, net  | NONE     | 7   | NONE     |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | SS   | 8    | Inventories for sale or use  | NONE     | 8   | NONE     |
| basis. Complete Part VI of Schedule D   | ⋖    | 9    | Prepaid expenses and deferred charges                                      | NONE     | 9   | NONE     |
| 1   |      | 10 a | Land, buildings, and equipment: cost or other                              |          |     |          |
| 11   Investments - publicly traded securities.   NONE   11   NONE   12   NONE   13   Investments - other securities. See Part IV, line 11   NONE   13   NONE   14   Intangible assets   NONE   14   NONE   15   NONE   15   NONE   15   NONE   15   NONE   15   NONE   16   Total assets. Add lines 1 through 15 (must equal line 33)   381,868.   16   428,541     17  |      |      |  |          |     |          |
| 12   Investments - other securities. See Part IV, line 11.   NONE 12   NOTE 13   Investments - program-related. See Part IV, line 11.   NONE 13   NOTE 14   NOTE 15   NOTE 15   NOTE 15   NOTE 15   NOTE 16   NOTE 17   NOTE 18   NOTE 19   Deferred revenue  |      |      |  |          |     |          |
| 13   Investments - program-related. See Part IV, line 11   NONE 13   NOTE 14  |      |      |  |          |     | NONE     |
| 14   Intangible assets   NONE 14   NOTE   |      |      | · · · · · · · · · · · · · · · · · · ·                                      |          |     | NONE     |
| 15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses.  18 Grants payable.  19 Deferred revenue  10 Tax-exempt bond liabilities  10 Loans and other 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.  20 Loans and other payables to unrelated third parties.  21 Unsecured notes and loans payable to unrelated third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  22 Loans and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  25 Other liabilities. Add lines 17 through 25.  26 Total liabilities. Add lines 17 through 25.  27 Net assets with donor restrictions.  28 Net assets with donor restrictions.  29 Capital stock or trust principal, or current funds  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  31 Total net assets or fund balances.  366,330.  32 426,215  |      |      |  |          |     | NONE     |
| 16   Total assets. Add lines 1 through 15 (must equal line 33)   381,868. 16   428,541     17   Accounts payable and accrued expenses   NONE 17   NODE 18     18   Grants payable   Secretary   Secr        |      |      |  |          |     | NONE     |
| 17  |      |      |  |          |     | NONE     |
| 18   Grants payable   NONE   18   NONE   19   Deferred revenue   15,000   19   1,763     20   Tax-exempt bond liabilities   NONE   20   NONE     21   Escrow or custodial account liability. Complete Part IV of Schedule D   NONE   21   NONE     22   Loans and other 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   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   538   25   560     26   Total liabilities. Add lines 17 through 25   15,538   26   2,326     27   Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33     27   Net assets with donor restrictions   366,330   27   426,215     28   Net assets with donor restrictions   366,330   27   426,215     30   Paid-in or capital surplus, or land, building, or equipment fund   30     31   Retained earnings, endowment, accumulated income, or other funds   31     32   Total net assets or fund balances   366,330   32   426,215     31   Total net assets or fund balances   366,330   32   426,215     32   Total net assets or fund balances   366,330   32   426,215     33   Total net assets or fund balances   366,330   32   426,215     34   Total net assets or fund balances   366,330   32   426,215     34   Total net assets or fund balances   366,330   32   426,215     35   Total net assets or fund balances   366,330   32   426,215     35   Total net assets or fund balances   366,330   32   426,215     35   Total net assets or fund balances   366,330   32   426,215     36   Total net assets or fund balances   366,330   32   426,215     36   Total net assets or fund balances   366,330          |      |      |  |          |     | 428,541. |
| Deferred revenue  |      |      |  |          |     | NONE     |
| Tax-exempt bond liabilities   |      |      |  |          |     | NONE     |
| Escrow or custodial account liability. Complete Part IV of Schedule D NONE 21 NOTE 22 Loans and other 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 NONE 22 NOTE 23 NOTE 24 Unsecured notes and loans payable to unrelated third parties NONE 24 NOTE 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 538 . 25 565  |      |      |  |          |     | 1,763.   |
| Loans and other 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  |      |      |  |          |     | NONE     |
| trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   |      |      |  | NONE     | 21  | NONE     |
| Unsecured notes and loans payable to unrelated third parties.  NONE 24 NOTE  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   | ies  | 22   |  |          |     |          |
| Unsecured notes and loans payable to unrelated third parties.  NONE 24 NOTE  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   | Ħ    |      |  |          |     |          |
| Unsecured notes and loans payable to unrelated third parties.  NONE 24 NOTE  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   | -jak |      |  |          |     | NONE     |
| 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   | _    |      |  |          |     | NONE     |
| parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  |      |      | · ·  | NONE     | 24  | NONE     |
| of Schedule D   |      | 25   | •                                    |          |     |          |
| PORT OF Total liabilities. Add lines 17 through 25  |      |      |  | F 3.0    | 0.5 | 5.63     |
| Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions.  None 28 None Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds.  29 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances.  366,330. 32 426,215   |      | 00   | <b>-</b>   |          |     |          |
| and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions.  28 Net assets with donor restrictions.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds.  29 Paid-in or capital surplus, or land, building, or equipment fund  30 Retained earnings, endowment, accumulated income, or other funds  31 Total net assets or fund balances.  366,330.  37 426,215   |      | 26   |  | 15,538.  | 26  | 2,326.   |
| Net assets without donor restrictions.  None 28 None  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances.  366,330. 27 426,215   | Ses  |      |  |          |     |          |
| None 28 None 28 None 28 None 28 None 29 None 2      | au   | 27   | -  | 266 220  | 27  | 426 216  |
| Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  29  30 Paid-in or capital surplus, or land, building, or equipment fund  30  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  366,330,32  426,215   | Bal  |      |  |          |     |          |
| and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  | Б    | 20   | <del></del>  | NONE     | 20  | NOINE    |
| 29 Capital stock or trust principal, or current funds   | r Fu |      |  |          |     |          |
| 30 Paid-in or capital surplus, or land, building, or equipment fund   | S    | 29   | Capital stock or trust principal, or current funds                         |          | 29  |          |
| Retained earnings, endowment, accumulated income, or other funds  | set  | 30   |  |          | 30  |          |
| 32 Total net assets or fund balances  | As   | 31   |  |          | 31  |          |
| <b>5</b> 00 Tatal Pat PP and a discount of a discount of the discou | et   | 32   |  | 366,330. | 32  | 426,215. |
| 33   Total liabilities and net assets/fund balances   381,868   33   428,541  |      | 33   | Total liabilities and net assets/fund balances                             | 381,868. | 33  | 428,541. |

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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                            |          |     |    |     |               |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1        |     | 5  | 82, | <u>406</u> .  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2        |     | 5  | 22, | <u>521</u> .  |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3        |     |    | 59, | <u>885</u> .  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))              | 4        |     | 3  | 66, | <u> 330</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       |     | 4  | 26, | <u> 215</u> . |
| Part |  |          |     |    |     |               |
|      | 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          | ĸplain   | 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 con         | 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 audi        | ted or   | ı 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 accounta | nt?      | 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 | he  |    |     |               |
|      | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |          |     | a  |     | _X_           |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not und   |          |     |    |     |               |
|      | 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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization

| JUS      | ST :   | TRYAN IT, INC   |  |   |                                      |                                       |   | 059196  |
|----------|--|---|--|---|--------------------------------------|---------------------------------------|---|---|
| Pa       | rt I   | Reason for Public Ch  | arity Status. (All   | organizations must  | comple                               | ete this p                            | oart.) See instruction  | ns.   |
| The      | orga   | anization is not a private fou  |  | ,   | •                                    | -                                     | ,   |   |
| 1        |  | A church, convention of chu   |  |   |                                      |                                       | 70(b)(1)(A)(i).   |   |
| 2        | $\sqsubseteq$  | A school described in <b>secti</b>  |  | · ·   |                                      |                                       |   |   |
| 3        | Щ  | A hospital or a cooperative   | •  | •   |                                      | ٠,                                    |   |   |
| 4        |  | A medical research organiz  |  | conjunction with a hos  | spital de                            | scribed in                            | n section 170(b)(1)(A   | )(iii). Enter the                               |
| _        |  | hospital's name, city, and st   |  |   |                                      |                                       |   |   |
| 5        |  | An organization operated to   |  | a college or universit  | y owne                               | d or ope                              | erated by a governme  | ental unit described in                         |
|          |  | section 170(b)(1)(A)(iv). (C  |  | ramantal wait dagariba  | al in a a a 4                        | ian 470/                              | L\/4\/A\/\  |   |
| 6<br>7   | $\vdash$   | A federal, state, or local go<br>An organization that normal  | •  |   |                                      |                                       |   | om the general public                           |
| ′        |  | described in section 170(b)   | -  | •   | ірроп пі                             | oni a go                              | verninental unit of it  | oni the general public                          |
| 8        |  | A community trust describe  |  | ·   | Part II )                            |                                       |   |   |
| 9        | $\vdash$   | An agricultural research org  | -  |   | -                                    |                                       | Lin conjunction with a  | land-grant college                              |
|          |  | or university or a non-land-  | =  |   |                                      | -                                     |   |   |
|          |  | university:   | 9  | , (   | ,                                    |                                       | ., ., ,,  | <b>.</b>  |
| 10<br>11 | X  | An organization that normal receipts from activities rela support from gross investmacquired by the organization organization organization organization organization. | ted to its exempt f<br>ent income and u<br>n after June 30, 19 | unctions, subject to c<br>nrelated business tax<br>975. See <b>section 509</b>      | ertain ex<br>able inco<br>(a)(2). (0 | ceptions<br>ome (les:<br>Complete     | s; and (2) no more tha<br>s section 511 tax) from<br>e Part III.) | n 331/3 % of its                                |
| 12       | $\vdash$   | An organization organized a   | •  | •   | •                                    |                                       |   | rry out the nurnoses of                         |
|          |  | one or more publicly suppo  | •  | •   |                                      |                                       |   |   |
|          |  | the box on lines 12a through  | _  |   |                                      | -                                     |   |   |
| а        |  | Type I. A supporting orga   |  |   |                                      |                                       | •   | =   |
|          |  | the supported organization  | •  | •   |                                      |                                       | •                           |   |
|          | _  | _ supporting organization.  | ou must complet  | e Part IV, Sections A   | and B.                               |                                       |   |   |
| b        |  | $oxedsymbol{oxed}$ Type II. A supporting org  | anization supervise  | ed or controlled in co  | nnection                             | with its                              | supported organizat   | ion(s), by having                               |
|          | control or management of the supporting organization vested in the same persons that control or manage the supported |   |  |   |                                      |                                       |   |   |
|          |  | organization(s). You must   | •  |   |                                      |                                       |   |   |
| С        |  |   |  |   |                                      |                                       |   | lly integrated with,                            |
|          |  | its supported organization  |  | •   |                                      |                                       |   | .td   |
| d        |  | Type III non-functionally<br>that is not functionally interest.   |  |   | •                                    |                                       | •                           | • , ,   |
|          |  | requirement (see instruct   | •  | •   | -                                    |                                       | •   | u an allenliveness                              |
| е        |  | Check this box if the orga  | •  | •   |                                      |                                       |   | II Type III                                     |
|          |  | functionally integrated, or   |  |   |                                      |                                       | , , , , , , , , , , , , , , , , , , ,                             | , . , po  |
| f        | En   | ter the number of supported   |  |   |                                      |                                       |   |   |
| g        | Pro  | ovide the following information   | on about the suppo   | orted organization(s).  |                                      |                                       |   |   |
|          | <b>(i)</b> N   | ame of supported organization   | (ii) EIN   | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions)) | listed in yo                         | organization<br>ur governing<br>ment? | (v) Amount of monetary<br>support (see<br>instructions)           | (vi) Amount of other support (see instructions) |
|          |  |   |  |   | 169                                  | 110                                   |   |   |
| (A)      |  |   |  |   |                                      |                                       |   |   |
| (B)      |  |   |  |   |                                      |                                       |   |   |
| (C)      |  |   |  |   |                                      |                                       |   |   |
| (D)      |  |   |  |   |                                      |                                       |   |   |
|          |  |   |  |   |                                      |                                       |   |   |
| (E)      |  |   |  |   |                                      |                                       |   |   |
| Tota     | ıl   |   |  |   |                                      |                                       |   |   |

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| Sche   | dule A (Form 990) 2022  | 11111 11 1      |                  |                    |                  | 2, 20071          | Page <b>2</b> |
|--------|---|-----------------|------------------|--------------------|------------------|-------------------|---------------|
| Pai    | Support Schedule for Orgal<br>(Complete only if you checked<br>Part III. If the organization fails  | d the box on l  | line 5, 7, or 8  | of Part I or iḟ tĺ | he organizatio   | on failed to qua  |               |
| Sec    | tion A. Public Support  |                 |                  |                    |                  |                   |               |
| Cale   | ndar year (or fiscal year beginning in)   | <b>(a)</b> 2018 | <b>(b)</b> 2019  | (c) 2020           | (d) 2021         | (e) 2022          | (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   |                 |                  |                    |                  |                   |               |
| Cale   | endar year (or fiscal year beginning in)  | (a) 2018        | <b>(b)</b> 2019  | (c) 2020           | (d) 2021         | (e) 2022          | (f) Total     |
| 7<br>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. (see   |                 |                  |                    |                  |                   |               |
| 13     | First 5 years. If the Form 990 is for organization, check this box and stop here.   | <u></u>         |                  | d, third, fourth,  | or fifth tax ye  | ear as a section  | 501(c)(3)     |
| Sec    | tion C. Computation of Public Supp  | ort Percenta    | ge               |                    |                  |                   |               |
| 14     | Public support percentage for 2022 (lin   |                 |                  |                    |                  |                   | %_            |
| 15     | Public support percentage from 2021 S   |                 |                  |                    |                  |                   | <u>%</u>      |
| 16a    | 331/3% support test - 2022. If the org  | anization did r | not check the bo | ox on line 13, a   | nd line 14 is 33 | 31/3 % or more, c | heck this     |

| 14  | Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))                                     |
|-----|---|
| 15  | Public support percentage from 2021 Schedule A, Part II, line 14  |
| 16a | 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this |
|     | box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                   |
| b   | 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check |
|     | this box and <b>stop here</b> . The organization qualifies as a publicly supported organization                             |
| 17a | 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is    |
|     | 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in       |
|     | Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported     |
|     | organization  |
| b   | 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line     |
|     | 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain    |
|     | in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported  |
|     | organization  |

Schedule A (Form 990) 2022

7912NC T36Y V22-4.7F 9066923 **18** 

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

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

| Section A Dublic Support |  |                       |                      |                     |                    |                    |            |  |  |  |  |  |
|--------------------------|--|-----------------------|----------------------|---------------------|--------------------|--------------------|------------|--|--|--|--|--|
|                          | tion A. Public Support   | () 22/2               | #1.0040              | ()0000              | ( 1) 0004          | ()0000             |            |  |  |  |  |  |
| Cale                     | ndar year (or fiscal year beginning in)  | (a) 2018              | <b>(b)</b> 2019      | (c) 2020            | (d) 2021           | (e) 2022           | (f) Total  |  |  |  |  |  |
| 1                        | Gifts, grants, contributions, and membership fees  |                       |                      |                     |                    |                    |            |  |  |  |  |  |
|                          | received. (Do not include any "unusual grants.")   | 403,037.              | 686,171.             | 367,646.            | 549,079.           | 588,619.           | 2,594,552. |  |  |  |  |  |
| 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  | 53,098.               | 96,219.              | 11,882.             | 36,784.            | 41,979.            | 239,962.   |  |  |  |  |  |
| 3                        | Gross receipts from activities that are not an   |                       |                      |                     |                    |                    |            |  |  |  |  |  |
|                          | unrelated trade or business under section 513 • NONI   |                       |                      |                     |                    |                    |            |  |  |  |  |  |
| 4                        | Tax revenues levied for the  |                       |                      |                     |                    |                    |            |  |  |  |  |  |
|                          | organization's benefit and either paid to  |                       |                      |                     |                    |                    |            |  |  |  |  |  |
|                          | or expended on its behalf  |                       |                      |                     |                    |                    |            |  |  |  |  |  |
| 5                        | The value of services or facilities  |                       |                      |                     |                    |                    | 110111     |  |  |  |  |  |
| 3                        |  |                       |                      |                     |                    |                    |            |  |  |  |  |  |
|                          | furnished by a governmental unit to the  |                       |                      |                     |                    |                    | NONE       |  |  |  |  |  |
|                          | organization without charge  | 456 105               | 500.000              | 252 522             | 505.060            | 522 522            | NONE       |  |  |  |  |  |
| 6                        | Total. Add lines 1 through 5   | 456,135.              | 782,390.             | 379,528.            | 585,863.           | 630,598.           | 2,834,514. |  |  |  |  |  |
| 7 a                      | Amounts included on lines 1, 2, and 3  |                       |                      |                     |                    |                    |            |  |  |  |  |  |
|                          | received from disqualified persons   | 29,269.               | 75,384.              | 29,979.             | 33,859.            | 28,235.            | 196,726.   |  |  |  |  |  |
| b                        | Amounts included on lines 2 and 3 received from other than disqualified  |                       |                      |                     |                    |                    |            |  |  |  |  |  |
|                          | persons that exceed the greater of \$5,000   |                       |                      |                     |                    |                    |            |  |  |  |  |  |
|                          | or 1% of the amount on line 13 for the year  |                       |                      |                     |                    |                    | NONE       |  |  |  |  |  |
| С                        | Add lines 7a and 7b  | 29,269.               | 75,384.              | 29,979.             | 33,859.            | 28,235.            | 196,726.   |  |  |  |  |  |
| 8                        | Public support. (Subtract line 7c from   |                       |                      |                     |                    |                    |            |  |  |  |  |  |
|                          | line 6.)   |                       |                      |                     |                    |                    | 2,637,788. |  |  |  |  |  |
| Section B. Total Support |  |                       |                      |                     |                    |                    |            |  |  |  |  |  |
| Cale                     | ndar year (or fiscal year beginning in)  | (d) 2021              | (e) 2022             | (f) Total           |                    |                    |            |  |  |  |  |  |
| 9                        | Amounts from line 6  | 456,135.              | 782,390.             | 379,528.            | 585,863.           | 630,598.           | 2,834,514. |  |  |  |  |  |
| 10 a                     | Gross income from interest, dividends,   |                       |                      |                     |                    |                    |            |  |  |  |  |  |
|                          | payments received on securities loans,   |                       |                      |                     |                    |                    |            |  |  |  |  |  |
|                          | rents, royalties, and income from similar sources  | 24.                   | 32.                  | 19.                 | 13.                | 34.                | 122.       |  |  |  |  |  |
| h                        | Unrelated business taxable income (less  |                       |                      |                     |                    |                    | <u></u>    |  |  |  |  |  |
|                          | , ,  |                       |                      |                     |                    |                    |            |  |  |  |  |  |
|                          | section 511 taxes) from businesses  acquired after June 30, 1975   |                       |                      |                     |                    |                    |            |  |  |  |  |  |
| _                        | Add lines 10a and 10b  | 24.                   | 32.                  | 19.                 | 13.                | 34.                | 122.       |  |  |  |  |  |
|                          | <u> </u>   | 24.                   | 32.                  | 19.                 | 13.                | 34.                | 122.       |  |  |  |  |  |
| 11                       | Net income from unrelated business   |                       |                      |                     |                    |                    |            |  |  |  |  |  |
|                          | activities not included on 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.)   | 456,159.              | 782,422.             | 379,547.            | 585,876.           | 630,632.           | 2,834,636. |  |  |  |  |  |
| 14                       | First 5 years. If the Form 990 is for  | the organization      | on's first, second   | l, third, fourth,   | or fifth tax year  | r as a section     | 501(c)(3)  |  |  |  |  |  |
|                          | organization, check this box and stop here   |                       |                      |                     |                    |                    |            |  |  |  |  |  |
| Sec                      | tion C. Computation of Public Supp   | oort Percentag        | ge                   |                     |                    |                    |            |  |  |  |  |  |
| 15                       | Public support percentage for 2022 (line 8,  | column (f), divide    | ed by line 13, colur | nn (f))             |                    | 15                 | 93.06%     |  |  |  |  |  |
| 16                       | Public support percentage from 2021 Sche   | dule A, Part III, lin | e 15                 |                     |                    | 16                 | 92.70%     |  |  |  |  |  |
| Sec                      | tion D. Computation of Investment  |                       |                      |                     | <u> </u>           |                    |            |  |  |  |  |  |
| 17                       | Investment income percentage for 2022 (lir   |                       |                      | 3. column (f))      |                    | 17                 | 0.00%      |  |  |  |  |  |
| 18                       | Investment income percentage for 2021 (in  | •                     |                      |                     |                    | 18                 | 0.00%      |  |  |  |  |  |
|                          | 331/3% support tests - 2022. If the or   |                       |                      |                     | _                  |                    |            |  |  |  |  |  |
| ıya                      |  | -                     |                      |                     |                    |                    |            |  |  |  |  |  |
|                          | 17 is not more than 331/3%, check this   | -                     | •                    | •                   |                    |                    |            |  |  |  |  |  |
| b                        | 331/3% support tests - 2021. If the orga   |                       |                      |                     |                    |                    |            |  |  |  |  |  |
|                          | line 18 is not more than 331/3% check  | this box and st       | op here. The org     | janization qualifie | es as a publicly s | supported organiza | ation      |  |  |  |  |  |
| 20                       | line 18 is not more than 331/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . |                       |                      |                     |                    |                    |            |  |  |  |  |  |

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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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<br><i>by</i> |          |     |    |
|                 | 1        |     |    |
| us<br>ed        |          |     |    |
|                 | 2        |     |    |
| er              | 3a       |     |    |
| nd<br>he        |          |     |    |
|                 | 3b       |     |    |
| B)              | 3с       |     |    |
| If              |          |     |    |
|                 | 4a       |     |    |
| gn<br>on        |          |     |    |
|                 | 4b       |     |    |
| on<br>ed<br>(B) |          |     |    |
|                 | 4c       |     |    |
| s,"<br>IN       |          |     |    |
| n;<br>on        |          |     |    |
|                 | 5a       |     |    |
| dy              |          |     |    |
|                 | 5b<br>5c |     |    |
|                 | 50       |     |    |
| to              |          |     |    |
| ed              |          |     |    |
| or              |          |     |    |
|                 | 6        |     |    |
| or              |          |     |    |
| ty              |          |     |    |
|                 | 7        |     |    |
| ne              |          |     |    |
|                 | 8        |     |    |
| re              |          |     |    |
| ns              |          |     |    |
|                 | 9a       |     |    |
| ch              | 9b       |     |    |
| £:,             | อม       |     |    |
| fit             | 9с       |     |    |
| on              |          |     |    |
| ed              |          |     |    |
|                 | 10a      |     |    |
| to              | 401-     |     |    |
|                 | 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 <b>Part VI.</b>  | 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 <b>Part VI</b> how the supported organization(s)   |         |       |     |
|          | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported   |         |       |     |
|          | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the   |         |       |     |
|          | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1       |       |     |
| 2        | Did the organization operate for the benefit of any supported organization other than the supported  |         |       |     |
|          | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part  |         |       |     |
|          | 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 <b>Part VI</b> how control   |         |       |     |
|          | or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  |         |       |     |
| 2 o o ti | on D. All Type III Supporting Organizations  | 1       |       |     |
| secu     | on D. All Type III Supporting Organizations  |         | Yes   | No  |
| 1        | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |         | 162   | INO |
|          | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior  |         |       |     |
|          | tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously                        |         |       |     |
|          | provided?  | 1       |       |     |
| 2        | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   | -       |       |     |
| _        | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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). |     |
| <b>a</b> | 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 <b>Part VI</b> how you supported a governmental entity (see  | e instr |       |     |
| 2        | Activities Test. Answer lines 2a and 2b below.   |         | Yes   | 140 |
| 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.   | 2a      |       |     |
| _        |  | _a      |       |     |
| 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 <b>Part VI</b> 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      |       |     |
| 2        |  | _~      |       |     |
| 3<br>a   | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |         |       |     |
| а        | trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>  | 3a      |       |     |
| b        | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |         |       |     |
|          | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   | 3b      |       |     |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga                            | nizations   | <b>S</b>                |                                |
|----|--|-------------|-------------------------|--------------------------------|
| 1  | Check here if the organization satisfied the Integral Part Test as a qualifyin                 | ng trust on | Nov. 20, 1970 (explain  | in in <b>Part VI</b> ). See    |
|    | instructions. All other Type III non-functionally integrated supporting organ                  | izations n  | nust complete Sectio    | ns A through E.                |
| Se | ction A - Adjusted Net Income  |             | (A) Prior Year          | (B) Current Year<br>(optional) |
| 1  | Net short-term capital gain  | 1           |                         |                                |
| 2  | Recoveries of prior-year distributions   | 2           |                         |                                |
| 3  | Other gross income (see instructions)  | 3           |                         |                                |
| 4  | Add lines 1 through 3.   | 4           |                         |                                |
| 5  | Depreciation and depletion   | 5           |                         |                                |
| 6  | Portion of operating expenses paid or incurred for production or collection                    |             |                         |                                |
|    | of gross income or for management, conservation, or maintenance of                             |             |                         |                                |
|    | property held for production of income (see instructions)                                      | 6           |                         |                                |
| 7  | Other expenses (see instructions)  | 7           |                         |                                |
| 8  | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                                   | 8           |                         |                                |
| Se | ction B - Minimum Asset Amount   |             | (A) Prior Year          | (B) Current Year<br>(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          |                         |                                |
| c  | 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 <b>Part VI</b> ):  |             |                         |                                |
| 2  | Acquisition indebtedness applicable to non-exempt-use assets                                   | 2           |                         |                                |
| 3  | Subtract line 2 from line 1d.  | 3           |                         |                                |
| 4  | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4           |                         |                                |
| 5  | Net value of non-exempt-use assets (subtract line 4 from line 3)                               | 5           |                         |                                |
| 6  | Multiply line 5 by 0.035.  | 6           |                         |                                |
| 7  |  | 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           |                         |                                |
|    | Enter 0.85 of line 1.  | 2           |                         |                                |
| 3  | Minimum asset amount for prior year (from Section B, line 8, column A)                         | 3           |                         |                                |
| 4  | Enter greater of line 2 or line 3.   | 4           |                         |                                |
| 5  | Income tax imposed in prior year   | 5           |                         |                                |
| 6  | Distributable Amount. Subtract line 5 from line 4, unless subject to                           |             |                         |                                |
|    | emergency temporary reduction (see instructions).  | 6           |                         |                                |
| 7  | Check here if the current year is the organization's first as a non-functiona                  | lly integra | ted Type III supporting | g organization                 |
|    | (see instructions).  |             |                         | - <i>-</i>                     |

Schedule A (Form 990) 2022

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

Schedule A (Form 990) 2022

Section D - Distributions

| Page / |
|--------|
|--------|

**Current Year** 

| 1     | Amounts paid to supported organizations to accomplish ex        | 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         | zations                            | 3                                     |    |   |
| 4     | Amounts paid to acquire exempt-use assets                       |                                    | 4                                     |    |   |
| 5     | Qualified set-aside amounts (prior IRS approval required - p    | rovide details in <b>Part VI</b> ) |                                       | 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 2022 from Section C, line 6            |                                    |                                       | 9  |   |
| 10    | Line 8 amount divided by line 9 amount                          |                                    |                                       | 10 |   |
| Secti | on E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions        | (ii)<br>Underdistribution<br>Pre-2022 | ns | (iii)<br>Distributable<br>Amount for 2022 |
| 1     | Distributable amount for 2022 from Section C, line 6            |                                    |                                       |    |   |
| 2     | Underdistributions, if any, for years prior to 2022             |                                    |                                       |    |   |
|       | (reasonable cause required - explain in Part VI). See           |                                    |                                       |    |   |
|       | instructions.   |                                    |                                       |    |   |
| 3     | Excess distributions carryover, if any, to 2022                 |                                    |                                       |    |   |
| а     | From 2017   |                                    |                                       |    |   |
| b     | From 2018   |                                    |                                       |    |   |
| С     | From 2019   |                                    |                                       |    |   |
| d     | From 2020   |                                    |                                       |    |   |
| е     | From 2021   |                                    |                                       |    |   |
| f     | Total of lines 3a through 3e                                    |                                    |                                       |    |   |
| g     | Applied to underdistributions of prior years                    |                                    |                                       |    |   |
| h     | Applied to 2022 distributable amount                            |                                    |                                       |    |   |
| i_    | Carryover from 2017 not applied (see instructions)              |                                    |                                       |    |   |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                                    |                                       |    |   |
| 4     | Distributions for 2022 from                                     |                                    |                                       |    |   |
|       | Section D, line 7: \$   |                                    |                                       |    |   |
| a     | Applied to underdistributions of prior years                    |                                    |                                       |    |   |
| b     | Applied to 2022 distributable amount                            |                                    |                                       |    |   |
| c     | Remainder. Subtract lines 4a and 4b from line 4.                |                                    |                                       |    |   |
| 5     | Remaining underdistributions for years prior to 2022, if        |                                    |                                       |    |   |
|       | any. Subtract lines 3g and 4a from line 2. For result           |                                    |                                       |    |   |
|       | greater than zero, explain in <b>Part VI.</b> See instructions. |                                    |                                       |    |   |
| 6     | Remaining underdistributions for 2022. Subtract lines 3h        |                                    |                                       |    |   |
|       | and 4b from line 1. For result greater than zero, explain in    |                                    |                                       |    |   |
|       | Part VI. See instructions.                                      |                                    |                                       |    |   |
| 7     | Excess distributions carryover to 2023. Add lines 3j            |                                    |                                       |    |   |
|       | and 4c.   |                                    |                                       |    |   |
| 8     | Breakdown of line 7:  |                                    |                                       |    |   |
| a     | Excess from 2018  |                                    |                                       |    |   |
| b     | Excess from 2019  |                                    |                                       |    |   |
|       | Excess from 2020  |                                    |                                       |    |   |
| d_    | Excess from 2021  |                                    |                                       |    |   |
| е     | Excess from 2022  |                                    |                                       |    |   |

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# SCHEDULE D (Form 990)

# Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| TTTCT       | EDIZAN TEL TNO  |  |
|-------------|---|--|
|             | TRYAN IT, INC   | 27-2059196                             |
| Part I      |   | Accounts.                              |
|             | Complete if the organization answered "Yes" on Form 990, Part IV, line 6.   |  |
|             | (a) Donor advised funds   | (b) Funds and other accounts           |
| <b>1</b> To | tal number at end of year   |  |
| <b>2</b> A  | gregate value of contributions to (during year) .   |  |
| <b>3</b> A  | gregate value of grants from (during year)  |  |
|             | gregate value at end of year  |  |
| 5 Di        | d the organization inform all donors and donor advisors in writing that the assets held in  | donor advised                          |
| fu          | nds are the organization's property, subject to the organization's exclusive legal control?   | Yes No                                 |
| <b>6</b> Di | d the organization inform all grantees, donors, and donor advisors in writing that grant fund   | ds can be used                         |
|             | ly for charitable purposes and not for the benefit of the donor or donor advisor, or for any  |  |
|             | nferring impermissible private benefit?   |  |
| Part l      |   |  |
|             | Complete if the organization answered "Yes" on Form 990, Part IV, line 7.   |  |
| 1 P         | rpose(s) of conservation easements held by the organization (check all that apply).   |  |
|             | Preservation of land for public use (for example, recreation or education)  Preservation of   | a historically important land area     |
|             | Protection of natural habitat Preservation of   | a certified historic structure         |
|             | Preservation of open space  |  |
| 2 C         | omplete lines 2a through 2d if the organization held a qualified conservation contribution in the   | ne form of a conservation              |
|             | sement on the last day of the tax year.   | Held at the End of the Tax Year        |
|             |   | 2a                                     |
|             |   | 2b                                     |
|             |   | 2c                                     |
|             | imber of conservation easements included in (c) acquired after July 25, 2006, and not on  |  |
|             |   | 2d                                     |
|             | imber of conservation easements modified, transferred, released, extinguished, or termina   |  |
|             | k year  | atou by the organization during the    |
|             | Imber of states where property subject to conservation easement is located  |  |
|             | bes the organization have a written policy regarding the periodic monitoring, inspection  | n handling of                          |
|             | plations, and enforcement of the conservation easements it holds?   | -                                      |
|             | aff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co   |  |
| • 01        | an and volunteer nears acroted to monitoring, inspecting, nariating or violations, and emorning ec  | shoot valion casements daring the year |
| <b>7</b> Ar | <br>nount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con   | servation easements during the year    |
|             |   | so. valion dademento autilig into year |
| 8 D         | bes each conservation easement reported on line 2(d) above satisfy the requirements of section  | 170(h)(4)(B)(i)                        |
|             | d section 170(h)(4)(B)(ii)?   | Yes No                                 |
|             | Part XIII, describe how the organization reports conservation easements in its reve   |  |
|             | lance sheet, and include, if applicable, the text of the footnote to the organization's finar   |  |
|             | ganization's accounting for conservation easements.   |  |
| Part        | Organizations Maintaining Collections of Art, Historical Treasures, or Other S  | 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   | statement and balance sheet works      |
| of          | the organization elected, as permitted under FASB ASC 958, not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or        | r research in furtherance of public    |
|             | rvice, provide in Part XIII the text of the footnote to its financial statements that describes the   |  |
| <b>b</b> If | the organization elected, as permitted under FASB ASC 958, to report in its revenue star<br>, historical treasures, or other similar assets held for public exhibition, education, or resea | tement and balance sheet works of      |
| ar<br>pr    | , historical treasures, or other similar assets held for public exhibition, education, or resea<br>ovide the following amounts relating to these items:                                     | non in furtherance of public service,  |
|             | Revenue included on Form 990, Part VIII, line 1   | <b>\$</b>                              |
|             | Assets included in Form 990, Part X   |  |
| •           | the organization received or held works of art, historical treasures, or other similar as:  |  |
|             | lowing amounts required to be reported under FASB ASC 958 relating to these items:  | ooto for financial gain, provide the   |
|             | evenue included on Form 990, Part VIII, line 1  | \$                                     |
| b As        | sets included in Form 990, Part X   |  |

Schedule D (Form 990) 2022

| Pa       | rt     Organizations Maintaini  | ing Colle   | ctions of    | Art, Histo            | rical Tre   | asure                   | s, or  | Other      | Similar A             | ssets (d  | continue     | d)            |      |
|----------|---|-------------|--------------|-----------------------|-------------|-------------------------|--------|------------|-----------------------|-----------|--------------|---------------|------|
| 3        | Using the organization's acquisition  | n, access   | sion, and o  | other recor           | ds, check   | k any c                 | of the | follow     | ing that m            | ake sigr  | nificant us  | se of         | its  |
|          | collection items (check all that app  | ly):        |              |                       |             |                         |        |            |                       |           |              |               |      |
| а        | Public exhibition   |             |              | d                     | Loan        | or exch                 | ange   | progra     | m                     |           |              |               |      |
| b        | Scholarly research  |             |              | е                     | Other       |                         |        |            |                       |           |              |               |      |
| С        | Preservation for future gene  | rations     |              |                       |             |                         |        |            |                       |           |              |               |      |
| 4        | Provide a description of the organ  | nization's  | collections  | and expla             | ain how t   | they fu                 | rther  | the or     | ganization's          | exemp     | t purpose    | in F          | ⊃art |
|          | XIII.   |             |              |                       |             |                         |        |            |                       |           |              |               |      |
| 5        | During the year, did the organization solicit or receive donations of art, historical treasures, or other similar   |             |              |                       |             |                         |        |            |                       |           |              |               |      |
|          | assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   |             |              |                       |             |                         |        |            |                       |           |              |               |      |
| Pa       | Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. |             |              |                       |             |                         |        |            |                       |           |              |               |      |
| 1a       | Is the organization an agent, trus  |             |              |                       |             |                         |        |            |                       | ets not _ |              |               |      |
|          | included on Form 990, Part X?   |             |              |                       |             |                         |        |            |                       | L         | Yes          |               | No   |
| b        | If "Yes," explain the arrangement i   | n Part XIII | and comp     | olete the fol         | lowing tab  | ole:                    |        |            |                       |           |              |               |      |
|          |   |             |              |                       |             |                         |        |            |                       | Amount    |              |               |      |
| С        | Beginning balance   |             |              |                       |             |                         | -      |            |                       |           |              |               |      |
| d        | Additions during the year   |             |              |                       |             |                         |        |            |                       |           |              |               |      |
| e        | Distributions during the year   |             |              |                       |             |                         | 1e     |            |                       |           |              |               |      |
| 1        | Ending balance  Did the organization include an am  |             |              |                       |             |                         | 1f     | مدم ما: ما | a a a a unt liab      | در بنانہ  | Voc          | $\overline{}$ |      |
|          |   |             |              |                       |             |                         |        |            |                       |           | Yes          | $\vdash$      | No   |
|          | b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  |             |              |                       |             |                         |        |            |                       |           |              |               |      |
| ıa       | Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   |             |              |                       |             |                         |        |            |                       |           |              |               |      |
|          | Complete ii allo organiza   |             | rent year    | <b>(b)</b> Prio       |             |                         | o year |            | (d) Three ye          | ars back  | (e) Four y   | ears b        | ack  |
| 1.0      | Paginning of year balance   | (1)         | ,            | (4)                   | . ,         | .,                      |        |            | (-,                   |           | (-)          |               |      |
| 1a       | Beginning of year balance Contributions   |             |              |                       |             |                         |        |            |                       |           |              |               |      |
| b        | Net investment earnings, gains,   |             |              |                       |             |                         |        |            |                       |           |              |               |      |
| C        | and losses  |             |              |                       |             |                         |        |            |                       |           |              |               |      |
| d        | Grants or scholarships  |             |              |                       |             |                         |        |            |                       |           |              |               |      |
|          | Other expenditures for facilities   |             |              |                       |             |                         |        |            |                       |           |              |               |      |
| •        | and programs  |             |              |                       |             |                         |        |            |                       |           |              |               |      |
| f        | Administrative expenses   |             |              |                       |             |                         |        |            |                       |           |              |               |      |
| g        | End of year balance   |             |              |                       |             |                         |        |            |                       |           |              |               |      |
| 2        | Provide the estimated percentage  | of the cur  | rent year    | end balance           | e (line 1g, | columr                  | n (a)) | held as    | :                     |           |              |               |      |
| а        | Board designated or quasi-endown  |             |              |                       | ,           |                         | ,      |            |                       |           |              |               |      |
| b        | Permanent endowment   | %           |              |                       |             |                         |        |            |                       |           |              |               |      |
| С        | Term endowment%   |             |              |                       |             |                         |        |            |                       |           |              |               |      |
|          | The percentages on lines 2a, 2b, a  |             | -            |                       |             |                         |        |            |                       |           |              |               |      |
| 3a       | Are there endowment funds not in  | the posse   | ession of th | ne organiza           | ition that  | are hel                 | d and  | d admir    | nistered for t        | the       | V            | es            | Na.  |
|          | organization by:  |             |              |                       |             |                         |        |            |                       |           |              | es            | No   |
|          | (i) Unrelated organizations   |             |              |                       |             |                         |        |            |                       |           | 3a(i)        | -             |      |
| h        | (ii) Related organizations If "Yes" on line 3a(ii), are the relate  |             |              |                       |             |                         |        |            |                       |           | 3a(ii)<br>3b |               |      |
| ь<br>4   | Describe in Part XIII the intended of   | •           |              | •                     |             |                         |        |            |                       |           | 30           |               | —    |
|          | rt VI Land, Buildings, and Equ  | uipment.    |              |                       |             |                         |        |            |                       |           |              |               |      |
|          | Complete if the organize  | ation ans   |              |                       |             |                         |        |            |                       |           |              |               |      |
|          | Description of property   |             |              | other basis<br>tment) | (b) Cost o  | or other bather bather) | asis   |            | cumulated<br>eciation | (0        | ) Book valu  | е             |      |
| 1a       | Land  |             | (            | ,                     | (0          | - /                     |        |            |                       |           |              |               |      |
| b        | Buildings   |             |              |                       |             |                         |        |            |                       |           |              |               |      |
| С        | Leasehold improvements  | -           |              |                       |             |                         |        |            |                       |           |              |               | _    |
| d        | Equipment   | [           |              |                       |             |                         |        |            |                       |           |              |               |      |
| <u>e</u> | Other   |             |              |                       |             |                         |        |            |                       |           |              |               |      |
| Tota     | I. Add lines 1a through 1e. (Column   | n (d) must  | equal Forr   | n 990, Part           | X, columi   | n (B), lir              | ne 10  | c.)        | <u> </u>              | <u></u>   | <del></del>  |               |      |

Schedule D (Form 990) 2022

| Part VII     | Complete if the organization answered                                | "Yes" on Form 99                              | 00, Part IV, line 11b. See Form 990, Part X                  | K. line 12. |
|--------------|--|---|--|-------------|
|              | (a) Description of security or category (including name of security) | (b) Book value                                | (c) Method of valuation:<br>Cost or end-of-year market value |             |
| (1) Financi  | al derivatives   |   |  |             |
| (2) Closely  | held equity interests  |   |  |             |
| (3) Other _  |  |   |  |             |
| (A)          |  |   |  |             |
| (B)          |  |   |  |             |
| (C)          |  |   |  |             |
| (D)          |  |   |  |             |
| (E)          |  |   |  |             |
| (F)          |  |   |  |             |
| (G)<br>(H)   |  |   |  |             |
|              | n (b) must equal Form 990, Part X, col. (B) line 12.)                |   |  |             |
| Part VIII    |  |   |  |             |
| I alt VIII   |  | "Yes" on Form 99                              | 0, Part IV, line 11c. See Form 990, Part                     | K. line 13. |
|              | (a) Description of investment  | (b) Book value                                | (c) Method of valuation:                                     | ,           |
|              | (2) 2 3331. 91. 11. 13. 11. 11.                                      | (2) 2001. Tallao                              | Cost or end-of-year market value                             |             |
| (1)          |  |   |  |             |
| (2)          |  |   |  |             |
| (3)          |  |   |  |             |
| (4)          |  |   |  |             |
| (5)          |  |   |  |             |
| (6)          |  |   |  |             |
| (7)          |  |   |  |             |
| (8)          |  |   |  |             |
| (9)          |  |   |  |             |
|              | n (b) must equal Form 990, Part X, col. (B) line 13.)                |   |  |             |
| Part IX      | Other Assets.  | "\\a_a" a \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | O Dort IV line 44d Con Form 000 Dort                         | / line 45   |
|              |  |   | 0, Part IV, line 11d. See Form 990, Part                     |             |
| (4)          | (a) Des  | scription                                     | (b)  | Book value  |
| (1)          |  |   |  |             |
| (2)          |  |   |  |             |
| (3)<br>(4)   |  |   |  |             |
| (5)          |  |   |  |             |
| (6)          |  |   |  |             |
| (7)          |  |   |  |             |
| (8)          |  |   |  |             |
| (9)          |  |   |  |             |
|              | umn (b) must equal Form 990, Part X, col. (B) li                     | ine 15.)                                      |  |             |
| Part X       | Other Liabilities.   |   |  |             |
|              | Complete if the organization answered line 25.                       | "Yes" on Form 99                              | 00, Part IV, line 11e or 11f. See Form 990                   | , Part X,   |
| 1.           | (a) Descrip  | tion of liability                             | (b)  | Book value  |
| (1) Feder    | ral income taxes   |   |  |             |
|              | LL TAXES   |   |  | 563.        |
| (3)          |  |   |  |             |
| (4)          |  |   |  |             |
| (5)          |  |   |  |             |
| (6)          |  |   |  |             |
| (7)          |  |   |  |             |
| (8)          |  |   |  |             |
| (9)          |  |   |  |             |
| Total (Colum | nn (h) must equal Form QQQ Part Y col (R) line 25 )                  |   |  | E 6 2       |

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 .

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| 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.  | 1. |
|-----------|---|----|
| 1         | Total revenue, gains, and other support per audited financial statements  | 1  |
| 2         | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |    |
| а         | Net unrealized gains (losses) on investments 2a   |    |
| b         | Donated services and use of facilities  |    |
| 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.)  |    |
| C         | Add lines 4a and 4b   | 4c |
| 5<br>Part | Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )  XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu  | 5  |
| rait      | 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  |    |
| С.        | Other losses  |    |
| d         |   | 2e |
| e         | Add lines 2a through 2d   | 3  |
| 3         | Subtract line <b>2e</b> from line <b>1</b>  | 3  |
| 4         | Investment expenses not included on Form 990, Part VIII, line 7b  |    |
| a<br>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  |
| Part      | XIII Supplemental Information.  |    |
|           | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform |    |
| SEE       | SUPPLEMENTAL PAGE   |    |
|           |   |    |
|           |   |    |
|           |   |    |
|           |   |    |
|           |   |    |
|           |   |    |
|           |   |    |
|           |   |    |
|           |   |    |
|           |   |    |
|           |   |    |

#### Part XIII Supplemental Information (continued)

PART XIII - FIN 48 FOOTNOTE

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, 2022 AND 2021, 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

| Name of the organization   |   |                                  |            |                                   | Employer identification  | on number   |
|--|---|----------------------------------|------------|-----------------------------------|--|---|
| JUST TRYAN IT, INC   |   |                                  |            |                                   | 27-205919  | 96  |
| Form 990-EZ filers are not   |   |                                  |            | Yes" on Form 99                   | 90, Part IV, line 1  | 7.  |
| 1 Indicate whether the organization ra   | aised funds through                           | any of the fo                    | llowing    | activities. Check a               | all that apply.  |   |
| a Mail solicitations   | е   | Solicita                         | ation of r | non-government g                  | rants  |   |
| <b>b</b> Internet and email solicitations  | f   |                                  |            | government grants                 | S  |   |
| c Phone solicitations  | g   | Specia                           | ıl fundra  | ising events                      |  |   |
| <b>d</b> In-person solicitations   |   |                                  |            |                                   |  |   |
| <ul> <li>2a Did the organization have a written or key employees listed in Form 99</li> <li>b If "Yes," list the 10 highest paid in compensated at least \$5,000 by the</li> </ul> | 90, Part VII) or entity dividuals or entities | in connection                    | on with p  | rofessional fundra                | ising services?  | Yes No fundraiser is to be                              |
| (i) Name and address of individual or entity (fundraiser)  | (ii) Activity                                 | (iii) Did fundra<br>custody or c | ontrol of  | (iv) Gross receipts from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col. (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|  |   | Yes                              | No         |                                   | 55 (y)   |   |
| 1  |   |                                  |            |                                   |  |   |
| 2  |   |                                  |            |                                   |  |   |
| 3  |   |                                  |            |                                   |  |   |
| 4  |   |                                  |            |                                   |  |   |
|  |   |                                  |            |                                   |  |   |
| 5  |   |                                  |            |                                   |  |   |
| 6  |   |                                  |            |                                   |  |   |
| 7  |   |                                  |            |                                   |  |   |
| 8  |   |                                  |            |                                   |  |   |
| 9  |   |                                  |            |                                   |  |   |
| 10   |   |                                  |            |                                   |  |   |
| Total  | cation is registered o                        | or licensed t                    | o solicit  | contributions or                  | has been notified  | it is exempt from                                       |
|  |   |                                  |            |                                   |  |   |
|  |   |                                  |            |                                   |  |   |
|  |   |                                  |            |                                   |  |   |

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 \$5,00                             | 0.                        |   |                      |  |
|-----------------|--------|--|---------------------------|---|----------------------|--|
|                 |        |  | (a) Event #1              | (b) Event #2                                  | (c) Other events     | (d) Total events                                 |
|                 |        |  | TRIATHLONS                |   | NONE                 | (add col. (a) through                            |
| a)              |        |  | (event type)              | (event type)                                  | (total number)       | col. <b>(c)</b> )                                |
| Revenue         | 1      | Gross receipts   | 380,147.                  |   |                      | 380,147.   |
| ∝               | 2      | Less: Contributions  | 338 168                   |   |                      | 338,168.   |
|                 | 3      | Gross income (line 1 minus                                     | 330,100.                  |   |                      | 330,100.   |
|                 |        | line 2)  | 41,979.                   |   |                      | 41,979.  |
|                 |        |  |                           |   |                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,          |
|                 | 4      | Cash prizes  |                           |   |                      |  |
|                 |        |  |                           |   |                      |  |
|                 | 5      | Noncash prizes   |                           |   |                      |  |
| S               |        |  |                           |   |                      |  |
| Direct Expenses | 6      | Rent/facility costs  | 6,904.                    |   |                      | 6,904.   |
| be              | _      |  |                           |   |                      |  |
| Ж               | 7      | Food and beverages   |                           |   |                      |  |
| ect             | _      |  |                           |   |                      |  |
| Ë               | 8      | Entertainment  | 254.                      |   |                      | 254.   |
|                 | 9      | Other direct evenence  | 41 060                    |   |                      | 41 060   |
|                 | 9      | Other direct expenses  | 41,068.                   |   |                      | 41,068.  |
|                 | 10     | Direct expense summary Add li                                  | nes 4 through 9 in colu   | ımn (d)                                       |                      | 40 226   |
|                 | 11     | Direct expense summary. Add li<br>Net income summary. Subtract | line 10 from line 3 col   | umn (d)                                       |                      | -6 247   |
| Pa              | rt III | Gaming. Complete if the org                                    | nanization answered "     | Yes" on Form 990 F                            | Part IV line 19 or   | reported more than                               |
|                 |        | \$15,000 on Form 990-EZ, lin                                   |                           | 103 011 1 01111 000, 1                        | art IV, IIIIC 13, Of | reported more than                               |
| Revenue         |        |  | (a) Bingo                 | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming     | (d) Total gaming (add col. (a) through col. (c)) |
| Reve            | 1      | Gross revenue  |                           |   |                      |  |
|                 |        |  |                           |   |                      |  |
| ses             | 2      | Cash prizes  |                           |   |                      |  |
| Direct Expenses | _      |  |                           |   |                      |  |
| χ̈́             | 3      | Noncash prizes   |                           |   |                      |  |
| 벙               |        | Dont/facility costs  |                           |   |                      |  |
| ē               | 4      | Rent/facility costs  |                           |   |                      |  |
|                 | 5      | Other direct expenses  |                           |   |                      |  |
|                 |        | Other direct expenses  | Yes %                     | Yes%  |                      |  |
|                 | 6      | Volunteer labor  | No No                     | No No   | No No                |  |
|                 | ·      | voidingor idsor  |                           |   |                      |  |
|                 | 7      | Direct expense summary. Add li                                 | nes 2 through 5 in colu   | umn (d)                                       |                      |  |
|                 |        | ,                        |                           | (*/   |                      |  |
|                 | 8      | Net gaming income summary. S                                   | Subtract line 7 from line | e 1, column (d)                               |                      |  |
|                 |        | ,  |                           | ,       |                      |  |
| 9               | E      | Enter the $state(s)$ in which the org                          | anization conducts ga     | ming activities:                              |                      |  |
| a               | ı I    | s the organization licensed to con                             | duct gaming activities    | in each of these state                        | es?                  | Yes No   |
| k               | )      | f "No," explain:   |                           |   |                      |  |
|                 | _      |  |                           |   |                      |  |
|                 | _      |  |                           |   |                      |  |
| 10a             |        | Were any of the organization's gamin                           |                           |   |                      | Yes No   |
| k               | )      | f "Yes," explain:  |                           |   |                      |  |
|                 |        |  |                           |   |                      |  |

Schedule G (Form 990) 2022

JSA 2E1282 1.000

| Sched   | ule G (Form 990 or 990-EZ) 2022   | 27-2059196         |    |
|---------|---|--------------------|----|
| 11      | Does the organization conduct gaming activities with nonmembers?  |                    | No |
| 12      | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity |                    |    |
|         | formed to administer charitable gaming?   | Yes                | No |
| 13      | Indicate the percentage of gaming activity conducted in:  |                    |    |
| а       | The organization's facility   | 13a                | %  |
| b       | An outside facility   | 13b                | %  |
| 14      | Enter the name and address of the person who prepares the organization's gaming/special events book records:  | s and              |    |
|         | Name ▶  |                    |    |
|         | Address ▶   |                    |    |
| 15 2    | Does the organization have a contract with a third party from whom the organization receives g                | raming             |    |
| ı ə a   | revenue?  |                    | No |
| h       | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ a                              | and the            |    |
| b       | amount of gaming revenue retained by the third party ► \$   | and the            |    |
| С       | If "Yes," enter name and address of the third party:  |                    |    |
| •       | Too, oliver hame and address of the time party.   |                    |    |
|         | Name ►  |                    |    |
|         | Address ▶   |                    |    |
| 16      | Gaming manager information:   |                    |    |
|         | Name ▶  |                    |    |
|         | Gaming manager compensation ▶\$   |                    |    |
|         | Description of services provided ▶  |                    |    |
|         | Director/officer Employee Independent contractor  |                    |    |
| 17      | Mandatory distributions:  |                    |    |
| .,<br>а | Is the organization required under state law to make charitable distributions from the gaming pro             | ceeds to           |    |
| _       | retain the state gaming license?  |                    | No |
| b       | Enter the amount of distributions required under state law to be distributed to other exempt orga             | nizations          |    |
| -       | or spent in the organization's own exempt activities during the tax year > \$                                 |                    |    |
| Par     |   | (iii) and (v), and |    |
|         | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition                   |                    |    |
|         | (see instructions).   |                    |    |

Schedule G (Form 990 or 990-EZ) 2022

## SCHEDULE I (Form 990)

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

2022

OMB No. 1545-0047

**Open to Public** Inspection

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. Name of the organization Employer identification number

| JUST TRYAN IT, INC  |                   |                                    |                          |                                  |   | 27-2059196                            |                                    |
|---|-------------------|------------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information on Grants a  | and Assistanc     | е                                  |                          |                                  |   | •                                     |                                    |
| <ol> <li>Does the organization maintain records to<br/>the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's prod</li> </ol> | ants or assistand | e?                                 |                          |                                  |   |                                       | X Yes No                           |
| Part II Grants and Other Assistance to Part IV, line 21, for any recipient  |                   | _                                  |                          |                                  |   |                                       | es" on Form 990,                   |
| 1 (a) Name and address of organization or government  | <b>(b)</b> EIN    | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) FAMILY REACH  | 91-2192211        | E01/G)/3)                          | 292,210.                 |                                  |   |                                       | EAMILY ACCICEANCE                  |
| 142 BERKELEY STREET FL 3 BOSTON, MA 02113 (2)   | 91-2192211        | 501(C)(3)                          | 292,210.                 |                                  |   |                                       | FAMILY ASSISTANCE                  |
| (3)   |                   |                                    |                          |                                  |   |                                       |                                    |
| (4)   |                   |                                    |                          |                                  |   |                                       |                                    |
| (5)   |                   |                                    |                          |                                  |   |                                       |                                    |
| (6)   |                   |                                    |                          |                                  |   |                                       |                                    |
| (7)   |                   |                                    |                          |                                  |   |                                       |                                    |
| (8)   |                   |                                    |                          |                                  |   |                                       |                                    |
| (9)   |                   |                                    |                          |                                  |   |                                       |                                    |
| (10)  |                   |                                    |                          |                                  |   |                                       |                                    |
| (11)  |                   |                                    |                          |                                  |   |                                       |                                    |
| (12)  |                   |                                    |                          |                                  |   |                                       |                                    |
| 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations  | _                 | -                                  | sted in the line 1 tal   | ole                              |   |                                       | 1                                  |

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

Schedule I (Form 990) 2022

| 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 |
|---------------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                       |                          |                          |                                   |   |  |
| 2                                     |                          |                          |                                   |   |  |
| 3                                     |                          |                          |                                   |   |  |
| ı                                     |                          |                          |                                   |   |  |
| ;                                     |                          |                          |                                   |   |  |
|                                       |                          |                          |                                   |   |  |
| Complemental later marting Drawids II |                          |                          |                                   |   |  |

**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 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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

JUST TRYAN IT,

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

27-2059196

#### PART I, LINE 1 (CONTINUED)

INC

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:

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### 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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

JUST TRYAN IT, INC

27-2059196

- 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

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Inspection

Employer identification number

27-2059196

JUST TRYAN IT, INC

POTENTIAL OR ACTUAL COVERED TRANSACTION, THE DUTIES OF THE CHIEF OPERATING OFFICER UNDER THIS POLICY SHALL BE PERFORMED BY ANOTHER OFFICER.

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.