** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending SEP 30, 2022 A For the 2021 calendar year, or tax year beginning OCT 1, 2021

	heck if	C Name of organization		D Emple	oyer identific	cation number						
	¬Addre	SS UENTHURSO INC										
	_]chan@ □Name	-		⊢ ₀₁	-06485	C 1						
	_]chan@ ∏Initial		D = === /=i4	_								
	_ returr □Final	Number and street (or P.0. box if mail is not delivered to street address) PO BOX 42	et address) Room/suite E Telephone number (203) 834-1143									
	returr∟ termii											
	ated □Amer				G Gross receipts \$ 1,220,499.							
	_lreturr □Appli				nis a group re							
	_tion pendi											
					H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions							
		empt status:) or 52	_								
		te: WWW.HEALTH360.ORG	1		up exemption							
	orm o ort I	f organization: X Corporation Trust Association Other ► Summary	L Yea	r of formation	n: ZUUI N	1 State of legal domicile: CT						
Г		-	MDDOW		mii Boiii	TMV TNI OTTD						
ø	1	Briefly describe the organization's mission or most significant activities: TO I				ITY IN OUR						
Governance	NATION'S COMMUNITIES THROUGH INNOVATIVE PARTNERSHIP-BASED											
ern	2	Check this box if the organization discontinued its operations or dispositions of the organization discontinued its operations or dispositions or dispositions are also as a second or disposition of the organization discontinued its operations or disposition or dispositions are also as a second or disposition or disposit			1.1	_						
Š	3					6 5						
	4	Number of independent voting members of the governing body (Part VI, line 1b)										
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)				69						
Σį	6	Total number of volunteers (estimate if necessary)				7						
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12				0.						
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>			0.						
				Prior `		Current Year						
ē	8	Contributions and grants (Part VIII, line 1h)			1,210.	905,985.						
evenue	9	Program service revenue (Part VIII, line 2g)			1,875.	314,300.						
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			1,313.	214.						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,38	4,398.	1,220,499.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		98	3,978.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.						
x	b	Total fundraising expenses (Part IX, column (D), line 25) 26,5										
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			6,493.	254,805.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			0,471.	1,317,303.						
		Revenue less expenses. Subtract line 18 from line 12		24	3,927.	-96,804.						
Net Assets or Fund Balances			В	eginning of (End of Year						
sets	20	Total assets (Part X, line 16)			1,831.	558,466.						
t As	21	Total liabilities (Part X, line 26)			2,281.	131,845.						
		Net assets or fund balances. Subtract line 21 from line 20		53	9,550.	426,621.						
	ırt II	Signature Block										
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedul	es and staten	nents, and to	the best of my	knowledge and belief, it is						
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	vhich prepare	er has any kno	owledge.							
Sig	า	Signature of officer			Date							
Her	е	PATRICIA HARRITY, PRESIDENT/EXECUTIVE	DIREC	TOR								
		Type or print name and title										
		Print/Type preparer's name Preparer's signature		Date	Check	PTIN						
Paid		EVA MRUK EVA MRUK			23 self-employe							
Prep	arer	Firm's name PKF O'CONNOR DAVIES ADVISORY, L.		F	irm's EIN 🕨	87-3231666						
Use	Only	Firm's address > 500 MAMARONECK AVENUE, SUITE 30										
		HARRISON, NY 10528-1633		F	hone no. 91	4-381-8900						
Max	tha I	PS discuss this return with the preparer shown above? See instructions				X Ves No						

Form 990 (2021) HEALTH 360, INC. Part IV 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٦,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8_		X
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_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	١		
	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,	١		₩
	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			X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
u		114		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	TIE		122
•	the organization's separate of 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	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			T -
~	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (HEALTH360, I	
Part IV	Che	cklist of Required Schedules	(continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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? <i>If</i>			
-	"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		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OL		
-	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			
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 554		<u></u>
	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?	000		
	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	"		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
33		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	,		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	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 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c		
	<u> </u>		000	(2021)

Form	990 (2021) HEALTH360, INC.		01-0648	561	Р	age 5					
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			_		Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a	69								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over	, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		X					
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBA	AR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X					
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organizatio	n solicit								
	any contributions that were not tax deductible as charitable contributions?										
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons 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 ser	ices provided/	to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required									
	to file Form 8282?			7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?		7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?		7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as r	equired?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a For	m 1098-C?	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.										
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b							
10	Section 501(c)(7) organizations. Enter:	1									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:	1									
а	Gross income from members or shareholders	11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I .	-	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a							
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1									
	organization is licensed to issue qualified health plans	13b									
С	Enter the amount of reserves on hand	13c				37					
14a		-	Г	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					3.7					
	excess parachute payment(s) during the year?			15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.					37					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıncome?		16		X					
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17							
	If "Ves " complete Form 6069										

Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to	hrough	n 7b below, and fo	ra "No	o" re	spon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
					,	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6			
	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 included on line 1a, above, who are independent	1b		5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other	Ť			
_					2		Х
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			• 💾	-	\dashv	- 21
3			•	Ι,			Х
			- 6110	. —	3	\dashv	X
4	Did the organization make any significant changes to its governing documents since the prior Form S				4	\dashv	X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			5	\dashv	
6	Did the organization have members or stockholders?			. _6	3	\dashv	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr						7.7
	more members of the governing body?			. 7	а	\longrightarrow	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders, or				
	persons other than the governing body?			. 7	b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:				
а	The governing body?				а	Х	
b	Each committee with authority to act on behalf of the governing body?			. 8	b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9	9		X
Sec	t ion B. Policies _{(This Section B} requests information about policies not required by the Internal Re	evenue	Code.)				
				_	,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			. 10	Оа		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10	Ob		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	1:	1a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	2a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				2b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," a	lescribe				
	on Schedule O how this was done			12	2c	x	
13	Did the organization have a written whistleblower policy?			. 1	3	Х	
14	Did the organization have a written document retention and destruction policy?			_ 1	4	Х	
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			15	5a	Х	
b	Other officers or key employees of the organization			l	5b		Х
	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 arrange	ment w	vith a				
	taxable entity during the year?			16	3a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	=				
	exempt status with respect to such arrangements?			16	3b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990)-T (section 501(c)	(3)s on	lv) a	vailat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		(====::::::::::::::::::::::::::::::::::	, = =11	,, 4		-
	Own website Another's website X Upon request Other (explain	n on S	chedule (1)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and fin	anci	al	
	statements available to the public during the tax year.	ot (o. intorost policy, a	ا ۱۱۱۱ ما ام	ai 101	-41	
20	State the name, address, and telephone number of the person who possesses the organization's bo	oke on	d records				
20	PATRICIA HARRITY – (203) 834–1143	ons an	u records –				
	PO BOX 42, NEWTOWN, CT 06470						

Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r		orga T	nıza			nper	ısat			
(A)	(B)			(O Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per					is botl or/trus		compensation	compensation	amount of
	week (list any					Π	ĺ	from the	from related organizations	other compensation
	hours for	direct				l,		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	•	and related
	below	vidua	itutio	cer	Key employee	hest c	Former			organizations
	line)	lnd	Inst	Officer	Key	E E	For			
(1) PATRICIA HARRITY	40.00			l						
PRESIDENT/EXECUTIVE DIRECTOR	0.00	Х		Х				102,748.	0.	61,121.
(2) DANIEL PEARSON	2.00	1								
CHAIR		Х		Х				0.	0.	0.
(3) ALEX PUZONE	2.00								_	_
SECRETARY/TREASURER EFF. JAN 2022		Х		Х				0.	0.	0.
(4) DAVE FLINT	1.50	1								
TREASURER THRU JAN 2022		Х						0.	0.	0.
(5) VICTORIA BOSMAN	1.50								_	_
BOARD MEMBER		Х				_		0.	0.	0.
(6) JOE GORMAN	1.50								_	_
BOARD MEMBER THRU JAN 2022	0.00	Х				_		0.	0.	0.
(7) NANA MARFO	1.50								_	_
BOARD MEMBER		Х						0.	0.	0.
(8) ARUN NARIKETTE	1.50								_	_
BOARD MEMBER	0.00	Х				_		0.	0.	0.
						_				
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Form **990** (2021)

		(2021) HEALTH 36 (), INC.								01-064	<u> 1826</u>	<u> </u>	Page č
Pai	t VII	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
		(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour othe	ated at of
			(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	/ 0	ompens from torganize and relarganize	the ation ated
												+		
												+		
												_		
												-		
				-										
С	Tota	total If from continuation sheets to Part VI	, Section A						> >	102,748. 0. 102,748.	().		121. 0. 121.
2	Tota	Il (add lines 1b and 1c) Il number of individuals (including but no pensation from the organization							o re	•		<u>'.•1</u>	<u>0 </u>	1
													Yes	No.
3		the organization list any former officer,	•		•	•	•		_	•	•			Х
4		1a? If "Yes," complete Schedule J for sany individual listed on line 1a, is the su										. 3		+^
•		related organizations greater than \$150										4	Х	
5		any person listed on line 1a receive or a												
		ered to the organization? If "Yes," com	plete Schedule	e J fo	or st	ıch <u>ı</u>	oers	on .				5		X
		3. Independent Contractors												
1		plete this table for your five highest co	· ·	-								nsation	from	
	trie (organization. Report compensation for to (A)	ne calendar ye	ear e	riair	ig w	itri C	or wi	LITIII	(B)	ear.		(C)	
		Name and business	address	NC	ONE	3				Description of s	services	Com	pensat	ion
	Tota	I number of independent contractors (ii	acluding but p	ot lin	niter	t to	thos	عاا مع	ted	ahove) who received me	ore than			

Form **990** (2021)

			HEALTH360, INC.				01-0648	561 Page 9
Pa	rt V	Ш	Statement of Revenue					
			Check if Schedule O contains a response or note to	any line	e in this Part VIII			
				<u> </u>	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1 :	а	Federated campaigns					
a u		b	Membership dues 1b					
© 8			Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts			•					
i <u>ē</u> ē	,			0 =				
S, Hi	,		Government grants (contributions) 1e 895,9	00.				
ĒΩ	1	f	All other contributions, gifts, grants, and					
t p			similar amounts not included above 1f 10,0	00.				
ΞÓ		g	Noncash contributions included in lines 1a-1f					
Σğ		•	Total. Add lines 1a-1f		905,985.			
<u> </u>		<u>''</u>	Business	Codo	30373031			
					214 200	214 200		
Se	2	а	MENTAL HEALTH TRAINING 6117	10	314,300.	314,300.		
Ξœ	-	b						
Program Service Revenue		С						
E S		d						
gra								
Š		e						
ъ.			All other program service revenue		214 200			
\perp		g	Total. Add lines 2a-2f	. ▶	314,300.			
	3		Investment income (including dividends, interest, and					
			other similar amounts)	▶	214.			214.
	4		Income from investment of tax-exempt bond proceeds					
	5							
	3		Royalties	· ·				
				oriai				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		Н	Net rental income or (loss)					
			Gross amount from sales of (i) Securities (ii) Ot	her				
	′	а	()					
			assets other than inventory 7a					
	ı	b	Less: cost or other basis					
ne			and sales expenses 7b					
evenue		С	Gain or (loss) 7c					
			Net gain or (loss)					
<u>بر</u> ۳			Gross income from fundraising events (not					
Other	0	а						
0			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 188a					
		b	Less: direct expenses8b					
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
	9	а						
			Part IV, line 19					
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities	🕨				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		h	Less: cost of goods sold 10b					
_		С	Net income or (loss) from sales of inventory					
ú			Business	Code				
Ö 6	11	а						
ine Dug		b						
Miscellaneous Revenue		С						
Sc			All other revenue					
Ξ								
		е	Total. Add lines 11a-11d	. 🖊				

12 Total revenue. See instructions

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 151,956. 168,840. 5,065. 11,819. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 770,087. 709,472. 49,608. 11,007. Other salaries and wages 7 Pension plan accruals and contributions (include 15,435. 14,195. 1,240. section 401(k) and 403(b) employer contributions) 3,153. 27,967. 31,120. Other employee benefits 9 77,016. 70,616. 4,616. 1,784. 10 Payroll taxes Fees for services (nonemployees): Management Legal 37,539 37,539. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 23,040. 23,040. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 26,636. 3,025. 23,611. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 3,424. 296. 3,128. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 12,585. 6,291. 6,294. 23 Other expenses. Itemize expenses not covered 24 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.) 87,381. 5,059. 1,956. 80,366. TRAINING & DEVELOPMENT **EDUCATION PROGRAMS** 34,479. 34,479. 21,219. 21,219. OTHER PROGRAM SUPPLIES 6,981. 6,981. d BACKGROUND CHECK 1,521. 1,521. e All other expenses 1,317,303. 1,149,903. 140,834. 26,566. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2021)

15590830 756359 1240519.000

if following SOP 98-2 (ASC 958-720)

Pai	τχ_	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part		·····	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	269,339.	1	55,082.
	2	Savings and temporary cash investments		2	288,426.
	3	Pledges and grants receivable, net		3	120,504.
	4	Accounts receivable, net		4	33,625.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	6		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s,	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1 12 000	9	0.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	0.	14	60,829.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	721,831.	16	558,466.
	17	Accounts payable and accrued expenses	62,906.	17	104,345.
	18	Grants payable		18	
	19	Deferred revenue		19	27,500.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 359	6		
iabi		controlled entity or family member of any of these persons		22	
_	23			23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	404 045
	26	Total liabilities. Add lines 17 through 25	182,281.	26	131,845.
"		Organizations that follow FASB ASC 958, check here ► X			
ĕ		and complete lines 27, 28, 32, and 33.			106 601
<u>la</u>	27	Net assets without donor restrictions		27	426,621.
B	28	Net assets with donor restrictions	<u></u>	28	
ğ		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
Si Si	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	· · · · · · · · · · · · · · · · · · ·		31	406 601
Se	32	Total net assets or fund balances		32	426,621.
	33	Total liabilities and net assets/fund balances	721,831.	33	558,466.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,22	20,4	99.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,31	_7,3	03.			
3	Revenue less expenses. Subtract line 2 from line 1	3		-96,804				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5.3	39,5	50.			
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	-1	6,1	.25.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	42	26,6	21.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	X 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 oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?	-	3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization HEALTH360 INC 01-0648561 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(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 complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	722,177.	854,982.	921,614.	1220522.	905,985.	4625280.
2	Tax revenues levied for the organ-						
	ization'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	722,177.	854,982.	921,614.	1220522.	905,985.	4625280.
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.						4625280.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	722,177.	854,982.	921,614.	1220522.	905,985.	4625280.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	519.	855.	22.	1,313.	214.	2,923.
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						4628203.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	908,312.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, 1	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li					14	99.94 %
15	Public support percentage from 2020					15	99.93 %
16a	33 1/3% support test - 2021. If the o						
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies						
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•				
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· >

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an ESSUE A.	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
- 50		
O.L.		
3b		
3c		
4a		
4b		
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10a		
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10b		L
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га	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		
	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			
<u>Sac</u>	<u>detail in</u> Part VI. etion B. Type I Supporting Organizations	11c		
<u> </u>	tion 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		res	NO
'	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ü	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		
Sec	tion 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 instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	^		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly experiet or elect a majority of the officers, directors, or			
а		20		
L	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		
	or as supported organizations: It it les describe in i di vi me foie diaved by the organization in this recard	, 00		i

All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines of through 3. 5 Depreciation and depletion 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 Portion of operating expenses paid or incurred for productions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) (B) Current Year (potional) (B) Current Year (Coptional) (C) Current Year (D) Current	Pa	rt v Type III Non-Functionally Integrated 509(a)(3) Supporting						
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Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prioryear distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of properly held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 Average monthly cash balances 1 D C Fair market value of other non-exempt-use assets 1 C d Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Enter 0.85 of line 1. 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Hinimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A)		All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
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7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 a b Average monthly cash balances 1 b c Fair market value of other non-exempt-use assets 1 c d Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Acquisition indebtedness applicable to non-exempt-use assets 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Acceptable Amount		collection of gross income or for management, conservation, or						
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Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A)	7	Other expenses (see instructions)	7					
Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of other non-exempt-use assets c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A)	8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A)	Sect	ion B - Minimum Asset Amount		(A) Prior Year				
a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Aminimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A)	1	Aggregate fair market value of all non-exempt-use assets (see						
b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Individual services assets assets and the services assets assets and the services assets assets and the services assets assets assets and the services assets assets and the services assets		instructions for short tax year or assets held for part of year):						
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4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A)	2	Acquisition indebtedness applicable to non-exempt-use assets	2					
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see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount	4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A)			4					
7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3	5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A)	6	Multiply line 5 by 0.035.	6					
Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Minimum asset amount for prior year (from Section B, line 8, column A) 3	7	Recoveries of prior-year distributions	7					
Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Minimum asset amount for prior year (from Section B, line 8, column A) 3	8	Minimum Asset Amount (add line 7 to line 6)	8					
2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3	Sect				Current Year			
2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3	1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
3 Minimum asset amount for prior year (from Section B, line 8, column A) 3								
5 Income tax imposed in prior year 5	5	-	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-functionally integrated Type III supporting organization (see	7			d Type III supporting orga	nization (see			
instructions).	-	•	,	71	, , , , , , , , , , , , , , , , , , ,			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

_	'	
Filers of:		Section:
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990)-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	lly a section 501(c)(7	covered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
	For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special I	Rules	
	sections 509(a)(1) ar contributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; ine 1. Complete Parts I and II.
	contributor, during t literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one he year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, hal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions of its checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box are the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
answer "	No" on Part IV, line 2	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$\$	Person Payroll Complete Part II for noncash contributions.

Page 3

HEALTH360, INC.

01-0648561

Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (c) FMV (or estimate) (See instructions.)

Page 4

Name of organization **Employer identification number** HEALTH360, 01-0648561 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

HEALTH360, INC.

Employer identification number 01-0648561

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	risors in writing that grant funds can be υ	used only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose o	onferring
	impermissible private benefit?		YesNo
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreation	· —	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form c	
	day of the tax year.		Held at the End of the Tax Year
a			
b			
C	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired aft		I I
2	listed in the National Register		
3	_	ised, extinguished, or terminated by the	organization during the tax
4	year ▶ Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the perio		
3	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
Ū		ariaming of violations, and officing const	stration decements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlir	ng of violations, and enforcing conservati	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h	ı)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these items	5.
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical treas	•	gain, provide
	the following amounts required to be reported under FASB ASC		
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions f	or Form 990.	Schedule D (Form 990) 2021

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value							
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment							
e Other							
Total. Add lines 1a through 1e. (Column (d) must equa	0.						

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 HEALTH360,	INC.	01	-0648561 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related.	II F 000 D+ IV II 4	1 - O - France 200 Back V. France 40	
Complete if the organization answered "Yes			l - f
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	•		
	I on Form OOO Dort IV line 1	1d Coo Form 000 Dort V line 15	
Complete if the organization answered "Yes	a) Description	Tu. See Form 990, Part X, line 15.	(b) Pook volue
•	a) Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total (Column (b) must equal Form 200 Port V eal (D) (i	mo 15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities.	ne 15.)		
Complete if the organization answered "Yes	" on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

(9)

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE CENTER IS A NON-PROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ACCORDINGLY NO PROVISION FOR INCOME TAXES IS MADE.

THE CENTER BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE CENTER'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, THE CENTER HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT SEPTEMBER 30, 2021. THE CENTER IS NO LONGER

SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAX JURISDICTIONS FOR PERIODS

Schedule D (Form 990) 2021 HEALTH360, INC. Part XIII Supplemental Information (continued)	01-0648561	Page 5
Part XIII Supplemental Information (continued)		
PRIOR TO 2019.		
DADE VIT IINE 2D OBUED ADTICHMENTS.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
WRITE-OFF OF PLEDGES		

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

➤ Attach to Form 990.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

HEALTH360, INC.

Questions Regarding Compensation

Employer identification number 01-0648561

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		_X_
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		_X_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
			(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PATRICIA HARRITY	(i)	102,748.	0.	0.	10,275.	50,846.	163,869.	0.
PRESIDENT/EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization 01-0648561 HEALTH360, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INITIATIVES IN EDUCATION, SERVICE AND LEADERSHIP DEVELOPMENT. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ASIST - SUICIDE PREVENTION TRAINING FOR HEALTH PROFESSION STUDENTS. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 96,681. REVENUE \$ FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS PROVIDED TO THE BOARD ELECTRONICALLY IN ADVANCE OF A BOARD MEETING. THE BOARD REVIEWS, DISCUSSES AT THE BOARD MEETING AND PROVIDES FEEDBACK/CHANGES. ONCE FINALIZED, THE BOARD VOTES TO APPROVE SUBMISSION OF THE 990. FORM 990, PART VI, SECTION B, LINE 12C: THE PURPOSE OF THE BOARD CONFLICT OF INTEREST POLICY IS TO PROTECT HEALTH360'S INTERESTS WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTERESTS OF AN OFFICER OR DIRECTOR OF HEALTH360 OR MIGHT RESULT IN A POSSIBLE EXCESS BENEFIT TRANSACTION. THIS POLICY IS INTENDED TO SUPPLEMENT, BUT NOT REPLACE, APPLICABLE STATE AND FEDERAL LAWS GOVERNING CONFLICTS OF INTEREST APPLICABLE TO NONPROFIT AND CHARITABLE ORGANIZATIONS. THIS POLICY IS ALSO

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

Schedule O (Form 990) 2021

DIRECTORS.

INTENDED TO IDENTIFY "INDEPENDENT"

<u>Schedule O (Form 990) 2021</u>

Name of the organization $\mbox{\bf HEALTH360, INC.}$

Employer identification number 01-0648561

INTERESTED PERSON - ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A

COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR

INDIRECT FINANCIAL INTEREST, AS DEFINED BELOW, IS AN INTERESTED PERSON.

DUTY TO DISCLOSE - IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF

INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL

INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE

BOARD OR EXECUTIVE COMMITTEE.

ANNUAL STATEMENTS

- 1. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD
 DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON:
- A. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY,
- B. HAS READ AND UNDERSTANDS THE POLICY,
- C. HAS AGREED TO COMPLY WITH THE POLICY, AND
- D. UNDERSTANDS HEALTH360 IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL

 TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE

 OR MORE OF ITS TAX-EXEMPT PURPOSES.
- 2. EACH VOTING MEMBER OF THE BOARD SHALL ANNUALLY SIGN A STATEMENT WHICH DECLARES WHETHER SUCH PERSON IS AN INDEPENDENT DIRECTOR.
- 3. IF AT ANY TIME DURING THE YEAR, THE INFORMATION IN THE ANNUAL STATEMENT

 CHANGES MATERIALLY, THE DIRECTOR SHALL DISCLOSE SUCH CHANGES AND REVISE THE

 ANNUAL DISCLOSURE FORM.
- 4. THE EXECUTIVE COMMITTEE SHALL REGULARLY AND CONSISTENTLY MONITOR AND

 ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING ANNUAL STATEMENTS AND

 TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR EFFECTIVE OVERSIGHT.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization

HEALTH360, INC.

Discretely and the organization (Control of the organization of

Employer identification number 01-0648561

PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST

- A. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR EXECUTIVE

 COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE

 MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR

 ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.
- B. THE CHAIRPERSON OF THE BOARD OR EXECUTIVE COMMITTEE SHALL, IF

 APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE

 ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.
- C. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR EXECUTIVE COMMITTEE SHALL

 DETERMINE WHETHER HEALTH360 CAN OBTAIN WITH REASONABLE EFFORTS A MORE

 ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD

 NOT GIVE RISE TO A CONFLICT OF INTEREST.
- D. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY

 POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE

 BOARD OR EXECUTIVE COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE

 DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN

 HEALTH360'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND

 REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, IT SHALL MAKE ITS

 DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY

- A. IF THE BOARD OR EXECUTIVE COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A

 MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT

 SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER

 AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.
- B. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER

 INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD OR EXECUTIVE

 COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization HEALTH360, INC. Employer identification number 01-0648561

POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION FOR THE PRESIDENT ANNUALLY
AND GIVES A RECOMMENDED SALARY ADJUSTMENT. THE ORGANIZATION USES THE

EXECUTIVE DIRECTOR COMPENSATION SURVEY ISSUED BY THE NATIONAL AHEC

ORGANIZATION. THE COMPENSATION IS VOTED ON EACH YEAR AS PART OF THE BUDGET

APPROVAL PROCESS AT THE BOARD MEETING AND DOCUMENTED IN THE ANNUAL APPROVED

BUDGET. THIS PROCESS WAS LAST COMPLETED IN 2022.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BAD DEBT WRITE-OFF -16,125.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION'S BOARD OF DIRECTORS ACTING AS A WHOLE ASSUMES

RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL

STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS

HAS NOT CHANGED FROM THE PRIOR YEAR.