EXTENDED TO NOVEMBER 15, 2022

Form **990**

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

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.

Open to Public

_	i Oi tiit	to a calculate year, or tax year beginning and	ending	1	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	CHRIS KLUG FOUNDATION			
	Name chang	Doing business as		**-**84	44
	Initial return Final	DO BOY 64	Room/suite	E Telephone numbe	
	return, termin			G Gross receipts \$	344634.
Г	ated Amenoreturn			H(a) Is this a group re	
F	Applic			for subordinates	
_	pendi	PO BOX 64, ASPEN, CO 81612			ncluded? Yes No
$\overline{\mathbf{T}}$	Tax-ex	empt status: X 501(c)(3) 501(c) ()	or 527	1	list. See instructions
		te: ► CHRISKLUGFOUNDATION.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: CO
	art I	Summary			<u>.</u>
_	1	Briefly describe the organization's mission or most significant activities: (SEE	SCHED	ULE O)	
Activities & Governance		, , , , , , , , , , , , , , , , , , , ,			
rna	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	ssets.
ove.				3	9
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			9
စ္စ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			3
jŧį.		Total number of volunteers (estimate if necessary)			100
듕	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	<u> </u>	, , , , , , , , , , , , , , , , , , , ,		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		270159.	344590.
Revenue		Program service revenue (Part VIII, line 2g)		4793.	0.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1397.	44.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-8992.	-60391.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		267357.	284243.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		142908.	119995.
Expenses	162	Professional fundraising fees (Part IX column (Δ), line 11e)		0.	0.
þer	l oa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	86.		
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		107023.	135379.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		249931.	255374.
		Revenue less expenses. Subtract line 18 from line 12		17426.	28869.
<u> </u>	3	Thevenue less expenses. Subtract line 10 from line 12		ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)	50	390174.	428533.
ASS	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		19398.	28888.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		370776.	399645.
P	art II	Signature Block		3707700	3330131
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the hest of m	v knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi			y Kirowicago aria bollol, it lo
	, 001100	A and complete book and of property (canot shall officer) to be be a circum morniation of the	non propuror	That any knowledge:	
Sig	ın	Signature of officer		Date	
He		CHRISTOPHER KLUG, PRESIDENT			
116	16	Type or print name and title			
		Print/Type preparer's name Preparer's signature	11	Date Check	PTIN
Pai	d	ROGER D. MAGGARD, CPA	I .	8/12/22 if self-employe	
	parer	Firm's name MAGGARD & HOOD, PC		Firm's EIN	**-***7842
	Only	Firm's address 901 GRAND AVE., SUITE 203		FIIIII S EIN	7042
030	Only	GLENWOOD SPRINGS, CO 81601		Phone no. (9	70) 945-8588
N 4 -	v +b = !!	·		Filotie iio. (3	X Yes No
ıvıa	y une H	RS discuss this return with the preparer shown above? See instructions			∟∡⊾ res ∟INO

Pai	Statement of Program Service Accomplishments	77
		Х
1	Briefly describe the organization's mission: THE CHRIS KLUG FOUNDATION ADVOCATES FOR ORGAN AND TISSUE DONATION	
	WHILE INSPIRING THOSE TOUCHED BY TRANSPLANTATION THROUGH A WIDE	
	VARIETY OF PROGRAMS, REACHING TENS OF THOUSANDS OF YOUNG PEOPLE EACH	
	YEAR, EQUIPPING THEM WITH THE FACTS OF ORGAN DONATION SO THEY CAN MAKE	<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$)
	THE CHRIS KLUG FOUNDATION FURTHERED ITS PATIENT AMBASSADOR PROGRAM,	
	PARTNERING WITH ORGAN AND TISSUE TRANSPLANT RECIPIENTS TO VISIT	
	HOSPITALS ACROSS THE COUNTRY; DISTRIBUTED 'TOOLKIT FOR TEACHERS'	
	CURRICULUMS WITH AN ONLINE VIDEO AND INTERACTIVE EDUCATIONAL TOOLKIT	
	FOR USE WITH MIDDLE SCHOOL, HIGH SCHOOL AND COLLEGE-AGED STUDENTS TO	
	EDUCATE THEM ON ORGAN DONATION AND REGISTRATION; PROMOTED ITS 'DONOR	
	DUDES' PROGRAM AT HIGH SCHOOLS AND COLLEGES TO HELP EDUCATE AND RAISE	
	AWARENESS ABOUT THE IMPORTANCE OF ORGAN DONATION; AND CONTINUED ITS	
	SOCIAL MEDIA PLATFORM, REACHING OVER 1 MILLION PEOPLE, TO EDUCATE ABOU	
	THE IMPORTANCE OF ORGAN DONATION. THE FOUNDATION ALSO RAISED AWARENES	
	ABOUT ORGAN AND TISSUE DONATION THROUGH PARTNERSHIPS AND PARTICIPATION	1
	IN HIGH-PROFILE RACE EVENTS.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$	
		— <i>'</i>
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 219051.	001)

Form 990 (2021) CHRIS KLUG F 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
•	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ _{3,7}
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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
	domestic government on Fart IX, column (A), line 1: ii 100, complete ochedule i, i atto i and ii	<u> </u>		

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Form 990 (2021) CHRIS KLUG FOUNDATION
Part IV | Checklist of Required Schedules (continued)

Fai	Officerist of nequired Schedules (continued)		_		
			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22			
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	23		х	
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		 	
2 4 a	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	27		X	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			X	
	"Yes," complete Schedule L, Part IV	28a		X	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b			
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	28c		x	
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23			
00	contributions? If "Yes," complete Schedule M	30		х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	32		Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34		Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			3,7	
	If "Yes," complete Schedule R, Part V, line 2	36		X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X	
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x		
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	_ 41		
. ui	Oback if Cabady la O contains a way area as a way line in this Dark V				
	Check if Schedule O contains a response or note to any line in this Part v		Yes	No	
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				
_	(gambling) winnings to prize winners?	1c	х		
			000	(

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CHRIS KLUG FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
2 a	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] 3	1		v
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		X
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction			2-		Х
	•			3a 3b		- 25
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	4a		Х
L	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		
D	If "Yes," enter the name of the foreign country		2+ο (ΓDΔD)			
E-0	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			E		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction file Form 9000 T2			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
bа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					Х
	any contributions that were not tax deductible as charitable contributions?			6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributive 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 se	rvices _l	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					37
A	to file Form 8282?		1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			7e		Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7 6		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont					- 25
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining denor advised funds. Did a denor advised fund maintaining			/"		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			8		
^	sponsoring organization have excess business holdings at any time during the year?			l		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a				9a 9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			90		
0	Section 501(c)(7) organizations. Enter:	100	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	IUB				
1	Section 501(c)(12) organizations. Enter:	۔ ا	I			
	Gross income from members or shareholders	11a				
Ø	Gross income from other sources. (Do not net amounts due or paid to other sources against	445				
٠-	amounts due or received from them.)	11b	<u></u>	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	; 	12a		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			120		
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.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	126	I			
_	organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand			44-		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Nos" has it filed a Form 700 to report those payments? If "Nos" provide an explanation on School			14a 14b		
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedula the expensive subject to the execution 4060 toy on payment(s) of more than \$1,000,000 in remund			140		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			4.5		X
	excess parachute payment(s) during the year?			15		- 25
_	If "Yes," see the instructions and file Form 4720, Schedule N.			40		Х
6	Is the organization an educational institution subject to the section 4968 excise tax on net investmer If "Yes," complete Form 4720, Schedule O.	it inco	me?	16		
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv				
•	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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	812 765183 7065 2021.04012 CHRIS KLUG FOU	NDA'	TION		55	
						_

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

	Check if Schedule O contains a response or note to any line in this Part VI			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			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a		Ť		
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-00		
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	and an analytic state of the st		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CO			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MELISSA KLUG - 970-309-7035			
	PO BOX 64, ASPEN, CO 81612			

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 n (A)	(B)	Ĭ		((C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more the box, unless person is officer and a director/			thon	ono	Reportable	Reportable	Estimated
	hours per	box				n is both an		compensation	compensation	amount of
	week	_	cer ar	10 a 0	irecto	or/trus	tee)	from	from related	other
	(list any hours for	irecto						the organization	organizations	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	.555	and related
	below	/idual	tution	e	Key employee	est co loyee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) LAUREN PIERCE FORMAN	40.00			l						
FORMER EXECUTIVE DIRECTOR (THRU 07/2	4.0.00			X				36601.	0.	2542.
(2) CECILLE CUNNINGHAM	40.00							20500	•	500
EXECUTIVE DIRECTOR (THRU 07/2022)				Х				32500.	0.	792.
(3) CHRISTOPHER KLUG	20.00	١		l					•	
PRESIDENT	15 00	Х		X				0.	0.	0.
(4) MELISSA KLUG	15.00			77					0	•
TREASURER	1 00			X				0.	0.	0.
(5) ERIC SHERMAN	1.00	37							0	0
DIRECTOR	1.00	Х						0.	0.	0.
(6) WARREN KLUG	1.00	х						0.	0.	0.
(7) CHARLIE SINGER	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(8) JON GIBANS	1.00							0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(9) BOB WADE	1.00							0.	•	•
DIRECTOR	1.00	x						0.	0.	0.
(10) CHARLES LUCARELLI	1.00							•		
DIRECTOR		х						0.	0.	0.
(11) HOLLY UPPER	1.00									
DIRECTOR		Х						0.	0.	0.
		1								
		L			<u></u>					
		1								
		1								

Га	Section A. Officers, Directors, Trus	stees, Key Em	ploy	<u>/ees</u>	<u>, and</u>	<u>a Hi</u>	<u>igne</u>	st C	compensated Employe	es (continuea)				
	(A) Name and title	(B) Average hours per week	box	Position (do not check more than one loox, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MI 1099-NEC)	ions com MISC/ f EC) org an		pensa om the anizat d relat anization	e ion ed
						×								
			\vdash						_					
			_											
							4							
						4			·					
							Ť)					
1b	Subtotal	<u> </u>						>	69101.		0.		33	34.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								0. 69101.		0.		33	$\frac{0.}{34.}$
2	Total number of individuals (including but r compensation from the organization			_					eceived more than \$100	0,000 of reportab	ole			C
3	Did the organization list any former officer	director, trust	ee. I	kev e	empi	love	e. o	r hia	nhest compensated emr	olovee on	-		Yes	No
	line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		Х
5 	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							elat	ed organization or indiv	idual for services	3	5		Х
Sec 1	ction B. Independent Contractors Complete this table for your five highest co	mpensated in		 ende	 ent c	onti	racto	ors t	hat received more than	\$100.000 of cor	npens	ation f	rom	
	the organization. Report compensation for								n the organization's tax		·	(C		
	(A) Name and business	address	NC	INC	Ξ				(B) Description of s	services	С	omper		n
2	Total number of independent contractors (\$100,000 of compensation from the organ		ıot liı	mite	d to	tho:	se li:	sted	d above) who received m	nore than				
												Form 9	9 90 (2021)

132008 12-09-21

08540812 765183 7065

Pa	rt V	<u>/ </u>	Statement of Rev	renue						
			Check if Schedule O co	ontains a	response	or note to any lir	ne in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns		1a					
iran Jun					1b					
And And			Fundraising events		1c	252942.				
ar/					1d					
s, C			Government grants (contrib		1e					
ion			All other contributions, gifts, gi	-						
the the			similar amounts not included a	above	1f	91648.				
d O		g	Noncash contributions included in li	ines 1a-1f	1g \$					
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f			>	344590.			
						Business Code				
<u>8</u>	2	а								
er ne		b								
n S Ien		С								
gra Re		d								
Program Service Revenue		е								
_			All other program service re							
			Total. Add lines 2a-2f							
	3 Investment income (including dividends, interest, and other similar amounts)					•	44.			44.
	4		Income from investment of							
	5		Royalties			•				
			[) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	······	6b						
			T T	6c						
		d	Net rental income or (loss)_							
	7	а	Gross amount from sales of	(i) S	ecurities	(ii) Other				
			assets other than inventory	7a						
			Less: cost or other basis							
Revenue			· · · · · · · · · · · · · · · · · · ·	7b						
eve			, , L	7с						
er R			Net gain or (loss)			D				
Othe	8		Gross income from fundraising	g events (n 2942.						
O			including \$ 252 contributions reported on li		. 1					
			Part IV, line 18			0.				
			Less: direct expenses			60391.				
			Net income or (loss) from fu			>	-60391.			-60391.
			Gross income from gaming							
			Part IV, line 19							
			Less: direct expenses							
		С	Net income or (loss) from g	aming ac	tivities	<u>,</u>				
	10	а	Gross sales of inventory, le	ss return	s					
			and allowances							
			Less: cost of goods sold .							
		С	Net income or (loss) from s	ales of in	ventory					
ns						Business Code				
neo Iue	11									
əllar		b				-				
Miscellaneous Revenue		q	All other revenue							
Σ			Total. Add lines 11a-11d .							
	12		Total revenue. See instruction				284243.	0.	0.	-60347.

Form 990 (2021) CHRIS KLUG FOUNDATION Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	Bb, 9b, and 10b of Part VIII.	rotai experises	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	72435.	57947.	7244.	7244
_	trustees, and key employees	72433.	3/34/•	/244•	/244
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	34500.	34500.		
7	Other salaries and wages	24200.	34300.		
8	Pension plan accruals and contributions (include section 401/k) and 403/h) amployer contributions)				
0	section 401(k) and 403(b) employer contributions)	5138.	4658.	240.	240
9	Other employee benefits	7922.	6848.	537.	537
10	Payroll taxes	1722•	0040.	337.	337
11	Fees for services (nonemployees):				
a	Management	215.		215.	
b	Legal	8925.		8925.	
	Accounting Labbuing	0323.		0,723.	
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	20750.	18375.	2375.	
12	Advertising and promotion	2528.	1600.	928.	
13	Office expenses	1141.	494.	647.	
14	Information technology	4651.	3986.	665.	
15	Royalties				
16	Occupancy	17194.	14864.	1165.	1165
17	Travel	46.	46.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3105.		3105.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EVENTS	46495.	46495.	0.	0
b	AMBASSADOR/PATIENT AMBA	8612.	8612.	0.	0
С	EDUCATION/AWARENESS/SOC	6750.	6750.	0.	0
d	SCHWAG	5173.	5173.	0.	0
е	All other expenses	9794.	8703.	1091.	
25	Total functional expenses. Add lines 1 through 24e	255374.	219051.	27137.	9186
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X .	i		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	259685.	1	323022.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	0.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges		9	
	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	104799.	12	104821.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	690.	15	690.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	390174 .	16	428533.
	17	Accounts payable and accrued expenses	10980.	17	24360.
	18	Grants payable	y	18	
	19	Deferred revenue	·····	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ë		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		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	0.440		4500
		of Schedule D		25	4528.
	26	Total liabilities. Add lines 17 through 25	19398.	26	28888.
Ś		Organizations that follow FASB ASC 958, check here			
nce		and complete lines 27, 28, 32, and 33.	260000		200645
aa	27	Net assets without donor restrictions		27	399645.
Ö	28	Net assets with donor restrictions	8000.	28	0.
ڃ		Organizations that do not follow FASB ASC 958, check here			
卢		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
τA	31	Retained earnings, endowment, accumulated income, or other funds		31	200645
Š	32	Total net assets or fund balances		32	399645.
	33	Total liabilities and net assets/fund balances	390174.	33	428533.

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12)	2 2	842	<u> </u>			
	2	-				
	2	-				
I I						
2 Total expenses (must equal Part IX, column (A), line 25)		255374				
3 Revenue less expenses. Subtract line 2 from line 1		28869				
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	3	37077				
5 Net unrealized gains (losses) on investments5						
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			0.			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
column (B)) 10						
Part 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 O.	_					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a						
separate basis, consolidated basis, or both:						
Separate basis Consolidated basis Both consolidated and separate basis						
b Were the organization's financial statements audited by an independent accountant?	2b		Х			
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,						
consolidated basis, or both:						
Separate basis Consolidated basis Both consolidated and separate basis						
c 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	Х				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
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 audit						
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	000				

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

Open to Public Inspection

Name of the organization Employer identification number **-***8444 CHRIS KLUG FOUNDATION 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes 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	71		,						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Gifts, grants, contributions, and	, ,	` ,	` '	`,	` ,	.,			
	membership fees received. (Do not									
	include any "unusual grants.")	315959.	305988.	398593.	270159.	344590.	1635289.			
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	245252	205000	222522	000150	244522	1605000			
4	Total. Add lines 1 through 3	315959.	305988.	398593.	270159.	344590.	1635289.			
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)						86705.			
	Public support. Subtract line 5 from line 4.						1548584.			
	ction B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2017 315959.	(b) 2018	(c) 2019	(d) 2020 270159.	(e) 2021 344590.	(f) Total 1635289 •			
	Amounts from line 4	315959.	305988.	398593.	2/0159.	344590.	1635289.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,		38.	1485.	1397.	44.	2964.			
	and income from similar sources		30.	1485.	1397.	44.	2904.			
9	Net income from unrelated business									
	activities, whether or not the									
40	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						1638253.			
11	• • • • • • • • • • • • • • • • • • • •	-t- / in-tt				40	47364.			
12	Gross receipts from related activities,			fourth or fifth town		12	<u> </u>			
13	First 5 years. If the Form 990 is for the organization, check this box and stop			•			ightharpoonup			
Sec	etion C. Computation of Publ		rcentage				·····			
	Public support percentage for 2021 (I			column (f))		14	94.53 %			
	Public support percentage from 2020					15	94.91 %			
	33 1/3% support test - 2021. If the o									
	stop here. The organization qualifies	•		•		•				
b	33 1/3% support test - 2020. If the o									
	and stop here. The organization qual	ifies as a publicly	supported organiza	ation		,	▶ □			
17a	10% -facts-and-circumstances tes									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
	more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the									
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
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	and see instruction	s 🕨 🗌			
						Calaadula A	(Earm 000) 2021			

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.)

Sec	etion A. Public Support	iow, piedeo com	oroto i ditiii,						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	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								
Ŭ	are not an unrelated trade or bus-								
	iness under section 513								
1	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			A					
	furnished by a governmental unit to								
	the organization without charge								
	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support								
	ndar year (or fiscal year beginning in) 🕨 🔼	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	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								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
	Net income from unrelated business							_	
	activities not included on line 10b,								
	whether or not the business is regularly carried on								
12	Other income. Do not include gain								
	or loss from the sale of capital								
13	assets (Explain in Part VI.)								
	First 5 years. If the Form 990 is for the	organization's fi	rst second third	fourth or fifth tax	vear as a section.	1 501(c)(3) (organizatio	n .	
•		-			-		-		
Sed	ction C. Computation of Public								
	Public support percentage for 2021 (lin			column (f))		15		%	
	Public support percentage from 2020 S					16		%	
	ction D. Computation of Inves					•			
17	Investment income percentage for 202	1 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17		%	
						18		%	
	nvestment income percentage from 2020 Schedule A, Part III, line 17						and line 17	' is not	
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
_	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20	Private foundation. If the organization								
				, ,					

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