efile	e Pu	ıblic Visı	al Render	ObjectId	: 202343189	9349300614 - Sı	Ibmissio	1: 2023-1	11-14	T.	IN: 06-6065406
	00	0	Re	eturn of	Organiza	tion Exempt	From	Incom	e Tax	(OMB No. 1545-0047
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.					tions)	2022		
		f the Treasury nue Service				90 for instructions					Open to Public Inspection
A Fe	or th	e 2022 ca	alendar year,	or tax year b	eginning 01-0	1-2022 , and end	ing 12-31.	-2022			
B Che	ck if a dress me ch	applicable: change nange	C Name of orga CONNECTICU Doing busines	nization F RADIO FELLOW s as					D Employ 06-606		fication number
□ Am	ende	rn/terminated d return ion pending	RADIO STATIO Number and s 1933 SOUTH	treet (or P.O. bo>	x if mail is not deli	vered to street address)	Room/suite	2	E Telephor	ne number	
_			City or town, MIDDLETOWN		, country, and ZIP	or foreign postal code			G Gross re	eceipts \$ 6	49,611
) ◀ (insert no.)	□ 4947(a)(1) or 〔	527	subo H(b) Are inclu If "N	nis a group re ordinates? all subordina uded? No," attach a up exemption	tes list. See	
K Form	n of o	rganization:	Corporation	n 🗌 Trust 🗌	Association	Other D		L Year of form	mation: 1962	M State	of legal domicile: CT
Activities & Governance	3 4 5 6	Number o Total num Total num	of voting memb of independent ober of individu ober of volunte	voting member als employed i ers (estimate i	ers of the govern in calendar year f necessary)	art VI, line 1a) ning body (Part VI, lir 2021 (Part V, line 2 n (C), line 12	ne 1b) . a)			3 4 5 6 7a	10 10 24 26 0
1)-T, Part I, line 11			•	7a 7b	
		Net unite							rior Year	- 175	Current Year
	8	Contribut	ions and grant	s (Part VIII, line	e1h)				584,	509	604,217
hue	9	Program s	service revenu	e (Part VIII, line	e 2g)				19,	207	13,150
Revenue	10	Investme	nt income (Par	t VIII, column ((A), lines 3, 4, a	and 7d)			31,	947	30,466
	11	Other rev	enue (Part VIII	, column (A), l	ines 5, 6d, 8c, 9	9c, 10c, and 11e)				158	1,778
						rt VIII, column (A), li	-		639,	821	649,611
						lines 1-3)					0
		-		-		line 4)					0
Exp enses			-		-	t IX, column (A), line	-		486,	410	500,142
B			5		(D), line 25) ▶0	e 11e)	•				0
Å						l1f-24e)			266,	967	286,009
		-	-			column (A), line 25)	•		753,		786,151
									-113,		-136,540
Net Assets or Fund Balances								Beginnin	g of Current \		End of Year
Bala	20	Total asse	ets (Part X, line	16)					1,908,	591	1,721,449
et A				-			• •				0
ZĽ	22			ices. Subtract	line 21 from line	e 20	•		1,908,	591	1,721,449
Pa	rt II	Signa	ature Block								

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	2023-11-10									
Sign	Si	gnature of officer			Date					
Here		LBERT INARELLI TREASURER								
	A	vpe or print name and title								
	/	Print/Type preparer's name	Preparer's signature	Date		PTIN				
Paic	ł	Frind Type preparer's name	Preparer s signature	2023-11-14	Check if self-employed	P00614397				
	parer	Firm's name 🕨 Merlino Associate	s Inc		Firm's EIN 🕨 0	6-1331402				
Use	Only	Firm's address ▶ 1880 Silas Deane	Phone no. (860) 721-9701						
		Rocky Hill, CT 06	5067							
May t	he IRS dise	cuss this return with the preparer	shown above? (see instructions)			. 🗌 Yes 🗹 No				
For P	aperwork	Reduction Act Notice, see the	e separate instructions.	Cat.	No. 11282Y	Form 990 (2021				
			Page 2							
Form	990 (2021	·				Page				
Par		atement of Program Servio	-			_				
		eck if Schedule O contains a resp		art III		🛛				
1		scribe the organization's mission:								
SEE S	CHEDULE	O ATTACHED								
2	Did the or	rganization undertake any signific	ant program services during the	vear which were not li	sted on					
-		Form 990 or 990-EZ?				🗌 Yes 🔽 No				
	•	lescribe these new services on Sc	hedule Q.							
3		rganization cease conducting, or n		t conducts, any progra	am					
	services?					. 🗌 Yes 🔽 No				
	If "Yes," c	lescribe these changes on Schedu	ile O.							
4		the organization's program service		three largest program	n services, as n	neasured by expenses.				
	Section 5	01(c)(3) and 501(c)(4) organizati	ons are required to report the an							
	and rever	nue, if any, for each program servi	ice reported.							
4a	(Code:) (Expenses \$	607,823 including grants of	of \$) (Revenue \$)				
		CUT RADIO FELLOWSHIP INCORPORATI				RPOSE IS TO MAINTAIN AND				
	OPERATE A RADIO BROADCAST FACILITY WITH RELIGIOUS AND EDUCATIONAL PROGRAMING THE FACILITY IS IN OPERATION 24 HOURS A DAY, 7 DAYS PER WEEK. THERE ARE OVER 1,000,000 LISTENERS IN THE PRIMARY BROADCAST COVERAGE AREA. THE ORGANIZATION AND ITS OPERATION IS TOTALLY FUNDED BY THE									
		Y SUPPORT OF ITS LISTENERS.								
4b	(Code:) (Expenses \$	including grants o	of \$) (Revenue \$)				
4c	(Code:) (Expenses \$	including grants of	of \$) (Revenue \$)				
4d	Other pro	gram services (Describe in Sched	ule 0.)							
	(Expense		luding grants of \$) (Revenue	\$)				
4e		ogram service expenses	607.823	, , , , , , , , , , , , , , , , , , , ,		,				
	tar brt		0077020							

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Pai	t 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 5	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		No
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		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
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	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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			No

4 1	שום נווב טוקמווזמנוטוו ובףטרר וווטרב נוומוז קס,טטט טו קרמונס טו טנוובו מססוגמונכרנט מווץ מטוובסגוג טוקמווגמנוטו טו מטוובסגנ
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	id the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, olumn (A), line 2? If "Yes," complete Schedule I, Parts I and III			No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L</i> , Part I	25a		No
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		No
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		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV			
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		No
		28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No

-		
b	b Enter the number of Forms W-2G included on line 1a	. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Yes

0

1c

'a	C	Δ	5
a	У	C	5

1b

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? \ldots .	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 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? \ldots .	9b		
10	Section 501(c)(7) organizations. Enter:			
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
		I I		

	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		NO
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	140		
15	parachule payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm 99	0 (2021
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Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	-		_
50	Check if Schedule O contains a response or note to any line in this Part VI		• •	
36	Ction 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 10	1		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10	1		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	^າ 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt 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	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No

	5
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
b	Other officers or key employees of the organization

15a

15b

16a

No

No

No

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?

b	f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation
	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt
	itatus with respect to such arrangements?



	ection C. Disclosure									
17	List the states with which a copy of this Fo	orm 990 is requi	red to	be file	d►					
18	Section 6104 requires an organization to $r 501(c)(3)$ s only) available for public inspe	make its Form 1 ction. Indicate ł	023 (1) now you	024 or 1 made	1024 e these	A, if ap availa	oplica ble.	able), 990, and 990 Check all that appl	D-T (section y.	
	🗌 Own website 🛛 Another's website	🗹 Upon rec	uest	□ o	ther (e	xplain	in S	chedule O)		
19	Describe in Schedule O whether (and if so policy, and financial statements available t					vernin	g do	cuments, conflict o	f interest	
20	State the name, address, and telephone n ►STEPHEN TUZENEU 1933 SOUTH MAIN S								l records:	
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Form	n 990 (2021)									Page 7
Pa	tt VII Compensation of Officers, I and Independent Contracto		stees	, Key	Empl	oyee	s, H	lighest Comper	nsated Employ	ees,
	Check if Schedule O contains a res	ponse or note to	o anv li	ne in t	his Par	t VII .				🗆
Se	ection A. Officers, Directors, Truste									
of co who orga of re orga See f	List all of the organization's current officer impensation. Enter -0- in columns (D), (E), List all of the organization's current key em List the organization's five current highest of received reportable compensation (box 5 of nization and any related organizations. List all of the organization's former officers, portable compensation from the organizatio List all of the organization's former directo nization, more than \$10,000 of reportable c the instructions for the order in which to list Check this box if neither the organization no	and (F) if no con ployees, if any. compensated er Form W-2, Forn , key employees n and any relate rs or trustees ompensation fro the persons ab	mpensa See the nployee n 1099 a, or hig ed orga that re om the ove.	ition w e instr es (oth -MISC hest o nizatio ceived organi	vas paid uctions er thar , and/c compen ons. , in the zation	d. for den or box isated e capac and ar	efinit ficer 1 of emp city a ny re	ion of "key employ , director, trustee c Form 1099-NEC) o loyees who receive as a former directo lated organizations	ee." or key employee) f more than \$100, ed more than \$100 r or trustee of the S.	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position than of is b	on (do one bo ooth ar directo	(C) not ch x, unle n office pr/trust	eck m ss per r and a	ore son	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations

		stee	Trustee		θ	pensated			
(1) YVONNE MITTO	0.00								
DIRECTOR	0.00	х					0	0	0
(2) LARLIE ALVARRANGA ASST SECTY DIRECTOR	0.00	x					0	0	0
(3) CHRIS ADAMS DIRECTOR	0.00	х					0	0	0
(4) KEVIN BALDWIN DIRECTOR	0.00	х					0	0	0
(5) DIANE BENNETT SECRETARY DIRECTOR	0.00	х		x			0	0	0
(6) ALBERT INARELLI TREASURER DIRECTOR	0.00	х		x			0	0	0
(7) DREW CRANDALL PRESIDENT DIRECTOR	0.00	х		x			0	0	0

n nn

) STEPHEN TUZENEU		0.00				х				0	0
NERAL MANAGER		0.00									
											Form 990 (202
				Page	8						
m 990 (2021)	· · <u>-</u> ·		_								Page
art VII Section A. Officers, I	orectors, Trustee	s, Key	Emp	loye	es,	and	High	iest (compensate	d Employees (co	ntinued)
(A)	(B)			(C))				(D)	(E)	(F)
Name and title	Average	Posit	tion (d one b	o not	t che	eck m	ore		eportable	Reportable	Estimated amount of othe
	hours per week (list	is	both a	an off	ficer	and	a	f	npensation from the	compensation from related	compensation
	any hours		direc	tor/t	ruste	ee)		orga	nization (W-	organizations (W-	from the
	for related organizations	익물	Ξ	Ю	Ke	鲁분	Fo		2/1099- C/1099-NEC)	2/1099- MISC/1099-NEC)	organization an related
	below dotted		Istit	Officer	Key employee	형흉	Former		., ,		organizations
	line)	e dua	utio	4	du	Nev St c	Ψ,				
		° ta	nal		юy	۳ğ					
		Iste	T		ê	pe					
		õ	Institutional Trustee			Highest compensated employee					
			æ			bei					
			_				_				
							_				
Sub-Total											

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

	Yes	No
3		No

4 For any individual listed on line 1a. is the sum of reportable compensation and other compensation from the

-	organization and related organizations grea individual	ter than \$150,000?	If "Yes," complete S	chedule J for such		4 No
5	Did any person listed on line 1a receive or a services rendered to the organization?If "Ye				ividual for	5 No
Se	ction B. Independent Contractors					
1	Complete this table for your five highest con from the organization. Report compensation	n for the calendar ye	dent contractors that ear ending with or wi	received more than thin the organization	n's tax year.	
	A) Name and bus			Desc	(B) ription of services	(C) Compensation
	otal number of independent contractors (incl	uding but not limite	d to those listed abo	ve) who received me	ore than \$100,000	of
С	ompensation from the organization 🕨					Form 990 (2021)
						, ,
			Page 9			
Form	990 (2021)					Page 9
Pa	rt VIII Statement of Revenue					
	Check if Schedule O contains a res	ponse or note to any				
			(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
				exempt function	business revenue	excluded from tax under sections
- 10 [°] - 11				revenue		512 - 514
ants	derated campaigns 1a					
gifts, grants						
	ndraising events 1c					
Contributions, gift	lated organizations 1d					
Contri	vernment grants (contributions) 1e					
f <i>A</i>	NII other contributions, gifts, grants, and similar amounts not included bove					
	604,217					
g	Noncash contributions included in ines 1a - 1f:\$					
hT	Total. Add lines 1a-1f	• • 604,217				
		Business Code	10.150	10.150		
	2a PROGRAM SERVICE REVENUE	900099	13,150	13,150		
Revenue						
eve	2					
Service						
Š	t					
Program						
Proj						
	f All other program service revenue.					
	9 Total. Add lines 2a–2f	13,150				
	3 Investment income (including dividends, in similar amounts)	•	30,466	30,466		
	4 Income from investment of tax-exempt bo 5 Royalties	na proceeds				+

			(i) Rea	I	(ii) Personal				
	_	Ί.							
	Gross rents	6a							
b	Less: rental expenses	6b							
с	Rental income or (loss)	60	:						
6	Net rental income	e or ((loss) .		•				
			(i) Securi	ties	(ii) Other				
7a	Gross amount from sales of assets other than inventory	7a							
b	Less: cost or other basis and sales expenses	7 b							
	Gain or (loss)	70							
	Net gain or (loss)								
001 Other Revenue	Gross income from fu (not including \$ contributions reporte See Part IV, line 18 Less: direct expert Net income or (los Gross income from See Part IV, line 19 Less: direct expert Net income or (los Less: direct expert Net income or (los Gross sales of invor returns and alloward) Less: cost of good	d on i inses ss) fr gami inses ss) fr entor	of line 1c). rom fundraisir ing activities. rom gaming a ry, less	9a 9b					
4	Net income or (los			nvento					
11	Miscellane		Revenue		Business Code 900099	1 770	1 770		
11	•• SPECIAL PROGRM	1AS			900099	1,778	1,778		
ł	INVEST INCREAS	e va	LUE		900099				
6									
6	All other revenue								
e	Total. Add lines 1	1a-1	L1d			1,778			
12	Total revenue. S	See ir	structions .			649,611	45,394	0	0

Form 990 (2021)

Page 10

Form 990 (2021) Page **10** Statement of Functional Expenses Part I 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 **(D)** Fundraising (B) Program service Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. (A) Total expenses general expenses 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

	ana 10			1	
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	426,848	277,327	149,521	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	39,347	39,347		
10	Payroll taxes	33,947	23,763	10,184	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,256	20,256		
12	Advertising and promotion	4,128	4,128		
13	Office expenses	5,807	5,807		
14	Information technology				
15	Royalties				
16	Occupancy	56,297	56,297		
17	Travel	7,864	7,864		
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	59,194	59,194		
23	Insurance	7,097	7,097		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a GALA & EXPO	30,300	30,300		
	b PROMO PRINTING	14,226	14,226		
	c PROGRAM NEWS	10,679	10,679		
	d LIC FEES DUES & SUB	7,078	7,078		
	e All other expenses	63,083	44,460	18,623	
25	Total functional expenses. Add lines 1 through 24e	786,151	607,823	178,328	0
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).				
	· · · · · ·			Forr	m 990 (2021)

Page 11 Form 990 (2021) Page **11 Balance Sheet** Part X \Box Check if Schedule O contains a response or note to any line in this $\mathsf{Part}\,\mathsf{IX}\,$. **(B)** End of year **(A)** Beginning of year 129,328 1 71,194 1 Cash-non-interest-bearing • 1,069,152 948,374 2 Savings and temporary cash investments 2

	3	Pledges and grants receivable, net	• •	•		3	
	4	Accounts receivable, net	• •			4	
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial o	contributor, or 35%		5	
	6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in s		6			
6	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
SS	9	Prepaid expenses and deferred charges .				9	
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,775,340			
	b	Less: accumulated depreciation	10b	1,073,459	710,111	10c	701,881
	11	Investments—publicly traded securities .	100	.,		11	
	12	Investments—other securities. See Part IV, line	11			12	· · · · · · · · · · · · · · · · · · ·
	13	Investments—program-related. See Part IV, line				12	
	13					13	
		Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,908,591		1,721,449
	16	Total assets. Add lines 1 through 15 (must eq		,	1,900,591	16	1,721,449
	17	Accounts payable and accrued expenses	• •	•		17	
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities	• •	· ·		20	
Se	21	Escrow or custodial account liability. Complete F		21			
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons		22			
Ξ	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25 .			0	26	0
Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	heck he	ere 🕨 🗹 and			
ala	27	Net assets without donor restrictions	•••		1,908,591	27	1,721,449
	28	Net assets with donor restrictions				28	
or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds		heck here ► 🗌 and		29	
S	30	Paid-in or capital surplus, or land, building or ec		t fund		30	
Se	31	Retained earnings, endowment, accumulated in		le l		31	
As	32	Total net assets or fund balances			1,908,591	32	1,721,449
Net Assets			•		1,908,591		1,721,449
2	33	Total liabilities and net assets/fund balances .	• •		1,900,091	33	Form 990 (2021)
							FUIII 990 (2021)

Page 12

Form	990 (2021)		Page 12
Pa	art XI Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		🛛
1	Total revenue (must equal Part VIII, column (A), line 12)	1	649,611
2	Total expenses (must equal Part IX, column (A), line 25)	2	786,151
3	Revenue less expenses. Subtract line 2 from line 1	3	-136,540
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,908,591
5	Net unrealized gains (losses) on investments	5	-50,602
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 in 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		1	,721,449
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			-	Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash 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	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a			
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	□ 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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	ngle	3a		No
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 in Schedule O and describe any steps taken to undergo such audits.	ired	Зb		
			F	orm 99	0 (2021)

Form 990 (2021)

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

CHEDULE A form 990) Public Charity Status and Public Support 2022 amage dream service > Attach to form 990 or prom 990-Ex. > Attach to form 990 or prom 990-Ex. > Den to Public amage dream service > Attach to form 990 or prom 990-Ex. > Den to Public Charity Status (All organization is a section 501(c)(a) organization as section 501(c)(a) regiments (All organization and the latest information. Den to Public ame of the organization Employer identification number of the organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) Image: Charity Status (All organization described in section 170(b)(1)(A)(ii). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(iii). A church convention of churches or association of churches described in section 170(b)(1)(A)(iii). A church convention of churches or organization described in section 170(b)(1)(A)(iii). A church convention of churches or association or governmental unit described in section 170(b)(1)(A)(iii). A chard, atste, 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). Companization regimentation is easien association of (All (All (All (All (All (All (All (Al	efile Public Visual Render		ObjectId: 202343189349300614 - Submission: 2023-11-14							
Partial for Part 1 Part 1 Part 2 Pap	SCHEDULE A (Form 990) Co			rganization is a sect	ion 501(c)(3)	OMB No. 1545-0047				
ame of the organization Decidibility of LuXossing Income Employer identification number Decidibility Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. Decide the instructions. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. Decide this come that of unches, or association of durches described in section 170(b)(1)(A)(I). A school described in section 170(b)(1)(A)(II). A nonplate reason of agrinzation operated in conjunction with a hospital described in section 170(b)(1)(A)(II). A nonparization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). A nonparization operated for the benefit of a college or university owned or operated have a substantial part of Its support form a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) A nonparization the normally receives a substantial part of Its support form a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust describe for Its support form a governmental unit described in section 32 (p/k of Its support form grass and grass receipts from activities related to Its severity for the have for its support form organization described for Its support for one substation (2) on nore than 33 (p/k of Its support for grass receipts from activities related to Its severity for the have for the have fore (2)(2). See section 590(c)(2).	Department of the Treasury Internal Revenue Service			►	Attach to Form 990 or Form 990-EZ.				rmation.	
Image: Control of the contro	Name of the organization								Employer identifie	
<pre>re organization is not a private foundation because it is: (for lines 1 through 12, check only one box.) A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A check of a school organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's mamb. 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)(V). (Complete Part III.) A fielderal, state, or local government or government unit described in section 170(b)(1)(A)(V). A fielderal, state, or local government or government unit described in section 170(b)(1)(A)(V). (Complete Part III.) A comparization that normally receives a substantial part of its support from governmental unit described in accion 170(b)(1)(A)(V). (Complete Part III.) A an agricultural research organization described in 170(b)(1)(A)(V). (Complete Part III.) A an organization that normally receives as instructions. Entite the name, City, and state of the college or university or non-land grant college of agriculture. See instructions. Entit the name, City, and state of the college or university or non-land grant college of agriculture. See instructions. Entit the name, City, and state of the college or university or non-land grant college of agriculture. See instructions. Entit the name, City, and state of the college or university or non-land grant college of agriculture. See instructions. Entit the name, City, and state of the college or university or non-land grant college or agriculture. See instructions. Entit the name, City, and state of the college or university or non-land grant college or agriculture. See instructions. Entit the name, City, and state of the college or university or non-land grant college or agriculture. See instructions. Entit the name, City, and state of the college or university or non</pre>	ONN	ECTICU	T RADIO FELLO	OWSHIP INC					06-6065406	
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 coopentity hospital service corganization described in section 170(b)(1)(A)(III). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). 5 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)(V). 6 A fedded, State, or Local government or governmental unit described in section 170(b)(1)(A)(V). 7 A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An arganization that normally receives: 1) (II) (II)(A)(V). (Complete Part II.) 9 An arganization transmetry trust described in 150(b)(1)(A)(V). (Complete Part II.) 9 An arganization organization described in 150(b)(1)(A)(V). (Complete Part II.) 9 An arganization organization described in section 150(b)(1)(A)(X)(X) partice partice and argan traclege ar university: 9 An arganization organization described in section 150(b)(1)(A)(X). Secoretice 105(B)(3)(C)(X). 10 An arganization organization described in section 150(b)(1)(X). Secoretice 105(B)(3)(C)(X). <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>ee instructions.</td> <td></td>	-								ee instructions.	
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's mane, city, and state: A morganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Enter the hospital's mane, city, and state: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). A norganization that normally receives a subtantial part of its support from college or university or investing or dimensity trad described in section 170(b)(1)(A)(V). A norganization that normally receives a subtantial part of its support from cost looping or university or investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization described in section 520(b)(1)(A)(V). A norganization organization described in section 590(a)(1) or section 590(a)(2). See section 500(a)(2). Cense the base of the support from described in section 590(a)(2). See section 500(a)(2). Cense the base of the support from governament is university to the support from governament is university or discussive for the base of described organization described in section 590(a)(1) or section 590(a)(2). See section 500(a)(2). Cense the base of described organization described in section 590(a)(2). See section 500(a)(2). See section sole		rganiz		•			-			
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 independence of the section 170(b)(1)(A)(iii). Complete Art II) A norganization operated for the banefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). Complete Art II) A norganization 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)(iv). Complete Art II) A norganization that normally receives: (1) more than 33(iv) of its support from ontributions, membership feet, and gross receipts from ancihold grad college or university: A norganization of the normally receives: (1) more than 33(iv) of its support from contributions exclude by the support organization described in 120(b)(1)(A)(iv), complete Art II). A norganization organization described in 120(b)(1)(A)(iv) (complete Brat II). A norganization organization described in section 59(a)(1) (iv) more than 33(iv) of its support of more introlices organization described in section 59(a)(2). A norganization organization described in section 59(a)(1) or section 59(a)(2). See section 59(a)(2). Complete Brat II). A norganization organization described in section 59(a)(1) or section 59(a)(2). See section 59(a)(2). A norganization organization described in section 59(a)(1) or section 59(a)(2). See section 59(a)(2). A norganization organization secretele by post supported organization secreted in			,		,				(A)(I).	
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's mame. city, and state: A medical research 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 community trust described in section 170(b)(1)(A)(iv). A norganization 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)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A organization organization described in 170(b)(1)(A)(iv). (Complete Part II.) An organization organization described in section 511 (as). Thore, thus a section 509(a)(2). (Complete Part II.) An organization organization described in section 511 (as). Thore, thus a section 509(a)(2). An organization organization described in section 511 (as). Thore, thus a section 509(a)(2). An organization organization described in section 501 (as). An organization organization described in section 501 (as). An organization organization described in section 509(a)(2). An organization organization described in section 509(a)(2). As poperting organization described in section 509(a)(2). An organization organization described in section 509(a)(2). Type II. A supporting organization section is the same persons that control or manage the supported organization. Yupe II. A supporting organization section is a same persons that control or manage the supported organization. Yupe II functionally integrated. Asup Yu mome term fail										
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)(b): (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v): Complete Part II.) A community trust 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization that normally receives: (1) more than 33 up/% of its support from corrbinations, membership fees, and gross receipts from corrbination organization that normally receives: (1) more than 33 up/% of its support from corrbinations, membership fees, and gross receipts from corrbination organization that normally receives: (1) more than 33 up/% of its support from corrbinations, membership fees, and gross receipts from corrbination organization and unrelated business reactions. Enter the handle of (1) normate than 33 up/% of its support from corrbinations, membership fees, and gross receipts from gross intermet income and unrelated business reactions (1) is social of 11 tas) from businesses acquired by the organization and error test in the functions of, or corr organization that and unrelated businesses acquired by the organization organization aperated exclusively for the handle of, to perform the functions of, or corr) of the supporting organization and complete lines 12.2, 127, and 122. An organization (2) the power to regularly appoint or relate a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and S. Type II. A supporting organization supervised or controlled in connection with its supported organization(s); You must complete Part IV, Sections A and S. Type III functionally integrated. A supporting organization operated in connection with as a Type II. Type III (1)			•		•	-			-	
□ 70(b)(1)(A)(iv). (Complete Part II.) □ A corranization that normally reactives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). □ A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) ■ A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) ■ A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) ■ A organization that normally receives: (1) more than 33.1/% of its support from contributions, membership fees, and gross receipts from activities related to its exerpt intentions—subjections, and (2) no more than 33.1/% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization affecting described in section 509(a)(1). For section 509(a)(4). □ An organization organization adiabation described in section 509(a)(1) or section 509(a)(2). Section 509(a)(3). Check the box on insizes of the supported insize and part of the directors or trustes of the supporting organization adiabation supervised or controlled by this supported organization general appoint or elevel and part of the directors or trustes of the supporting organization is supervised or controlled in connection with its supported organization(s), by aving the support if organization organization approximation adiabation period by a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and B. 0 Type II. A supporting organization ogenatization ogenatization ogenated in connection with its supported organization(s). You must complete Part IV, Sections A and B. 0	4				anization operat	ed in conjunction with	a hospital desc	ribed in section 1	.70(b)(1)(A)(iii). E	inter the hospital's
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)(v). (Complete Part II.) An organization that normally receives: (1) more than 331/r% of its support for more than 331/r% of its support of the college or university: An organization that normally receives: (1) more than 331/r% of its support form gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization advituse related to its exempt functions—subject to certain exceptions, and (2) no more than 331/r% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization affect on the functions of or to carry out the purposes of one on more public distribution exceptioning or (2) to perform the functions of or to carry out the purposes of one on more public distribution grown in setted in the section field (1) to perform the functions of the support of organization. So must complete Part IV, Sections A and B. b Type I. A supporting organization users of the same persons that control or manage the support of organization. So must complete Part IV, Sections A and B. b Type II.1 Asupporting organization users and all and organization (s) is support for organization (s) is supported organization(s). In the functional integrated with, its supported organization(s) (s) ensitivations). You must complete Part IV, Sections A and D. c Type III.1 Asupporting organization users and all as tay port of organization (s) is supported organization (s) ensitivations. You must complete Part IV, S	5		170(b)(1)	(A)(iv). (Co	omplete Part II.)		. , ,		ibed in section
section 1270(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in 170(b)(1)(A)(vi). (Complete Part II.) An organization that mornally receives: (1) more than 33/x% of its support from contributions, membership fees, and gross receipts from activities related to its evenpt functions-subject to certain exceptions, and (2) no more than 31.x% of its support by the organization and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization arguments due due clusively to test for public safety. See section 509(a)(4). An organization organization organization add operated exclusively to the benefit of, to perform the functions of nor carry out the purposes of one on more publicly supported organization sections 509(a)(1) or section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the bor on lines 12a through 12d that describes the type of supporting organization and complete lines 12, 12, and 12g. B Type II. A supporting organization supervised or controlled in connection with its supported organization(s). You must comparized on supporting organization supervised organization and the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and D, and Part V. C Type II. A supporting organization supervised complete Part IV, Sections A and D, and Part V. (v) Amount of not enship support (see instructions)						-				
An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: An agricultural research organization that normally receives: (11) more than 331/% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to cetain exceptions, and (2) no more than 33 1/% of its support from gross investment income and unrelated builsness taxable income (less section 510(a)) from builsnesses acquired by the organization after Jul 30, 1975. See section 509(a)(2). (Complete Part III.) An organization and unrelated builsness taxable income (less 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 11. A supporting organization organization supervised, or controlled by its supported organization. You must complete Part IV, Sections A and B. Type 11. A supporting organization supervised or controlled in connection with its supported organization. You must complete Part IV, Sections A and C. Type 11. A supporting organization supervised or controlled in connection with, and functionally integrated. A supporting organization organization organization organization agreent of the supported organization (s). You must complete Part IV, Sections A and A. Type 11. A supporting neganization secret de and supporting organization secret de in connection with its supported organization(s), that is no functionally integrated. A supporting organization organization. Type 11. A supporting neganization organization operated in connection with is supported organization(s). Wat must complete Part IV, Sections A and A and Part V. Type 11. A supporting and the supported organization (cites at the support) organization. Type 111 non-functio	1	\cup					s support from	a governmental u	nit or from the gener	a public described in
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from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from griss using and unrelated business taxabile income (less section 511 tax) from businesses acquired by the organization after Justice and unrelated business taxabile income (less section 509(a)(4). 1 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization adomplete lines 12a, 124, and 129. a Type I. A supporting organization operated, supervised, or controlled by its supported organization (5), typically by giving the support or organization (5), typically by giving the support or organization (5) the power to regularly appoint or elect a majority of the directors or trustees of the support or organization on supervised or controlled in connection with its supported organization(s). You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with, and functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) to must complete Part IV, Sections A, D, and E. c Type III. Assupporting organization operated in connection with, and functionally integrated. A supporting organization operated in connection with its supported organization(s) that is no functionally integrated. A supporting organization operated in connection with its supported organization(s) that is no functionally integrated. A supporting organization operated in connection with its supported organization(s) that is no functionally integrated. A supporting organization operated in connection with its suppo	9		An agricult non-land g	ural research rant college o	organization de of agriculture. S	escribed in 170(b)(1) See instructions. Enter	(A)(ix) operat the name, city,	ed in conjunction and state of the c	with a land-grant col ollege or university:	lege or university or a
1 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 2 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one on on innes 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supporting organization and complete lines 12e, 12f, and 12g. b Image I. A supporting organization operated, supported organization(s), by point by giving the supporting organization operated, supporting organization supervised, or controlled by its supported organization(s), by having control or management of the supporting organization organization organization supports of organization supports of organization organization organization supporting organization organization organization supports of organization(s), by point or organization(s), type III functionally integrated. A supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is no inductionally integrated. A supporting organization organization supported organization(s) that is no inductionally 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. e Check this box if the organization received a written determination from the life Stat it is a Type I, Type III functionally integrated supporting organization in your governing document?	10		from activit investment	ties related to income and	o its exempt fur unrelated busir	nctions—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its s	upport from gross
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 complete lines 12a, thick 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. b Type II. A supporting organization operated, supervised or controlled by 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. c Type II 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 and D, and Part V. c Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is no functionally integrated. A supporting organization operated in connection with its supported organization(s) that is no functionally integrated. A supporting organization operated in connection with its supported organization(s) that is no functionally integrated. A supporting organization operated in connection with its supported organization(s) the organization equivation ad D, and Part V. e Check this box if the organization eccelved a written determination from the IRS that it is a Type II, Type III functionally integrated supporting organization. f Enter the number of supported organizations (iv) Is the organization (ii) Type of organization ad cure determination from the IRS that it is a supp	11						r public safety.	See section 509	(a)(4).	
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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. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is no functionally integrated. The organization statisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III non-functionally integrated supporting organization. f Enter the number of supported organizations	а		Type I. A so organizatio	supporting or on(s) the pow	ganization oper er to regularly a	rated, supervised, or c appoint or elect a majo	ontrolled by its	supported organiz	ation(s), typically by	
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d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is no 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. e 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. f Enter the number of supported organizations g Provide the following information about the supported organization (described on lines 1 - 10 above (see instructions)) in your governing document? (v) Amount of monetary support (see instructions) otal	с		Type III f	unctionally	integrated. A	supporting organizatio	n operated in co plete Part IV,	onnection with, ar Sections A, D, a	d functionally integra	ated with, its
e 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. f Enter the number of supported organizations	d		functionally	/ integrated.	The organizatio	on generally must satis	fy a distribution	requirement and		
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9 Provide the following information about the supported organization(s). (ii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines (iv) Is the organization is the organization (see instructions) (v) Amount of monetary support (see instructions) 1 - 10 above (see instructions)) 1 - 10 above (see instructions)) Ves No (vi) Amount of other support (see instructions) otal 1 - 10 above (see instructions)) Ves No Image: Schedule A (Form 990) 202 or Paperwork Reduction Act Notice, see the Instructions for organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Cat. No. 11285F Schedule A (Form 990) 202 Page 2 Page 2 Page 2 Chedule A (Form 990) 2022 Page 2 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 failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Section A. Public Support	f	Enter			-		-			
(i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (i) Version (ii) State organization (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (iii) EIN (iii) Type of organization (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (iv) Present of the organization of the organization of the support support (see instructions)) Yes No (vi) Amount of other support (see instructions) (iv) Present of the organization of the organization of the organization of the support support support support (see instructions)) Yes No (vi) Amount of other support (see instructions) (iv) Present of the organization failed to qualify under Part III.) Section A. Public Support 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.) Section A. Public Support Support Schedule for Organization of the	g				-					
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or Paperwork Reduction Act Notice, see the Instructions for orm 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 202 Page 2 Page 2 Page chedule A (Form 990) 2022 Page Page 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 failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Section Sect							Yes	No		
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Chedule A (Form 990) 2022 Page 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 failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support	For F	aperv		tion Act No	tice, see the I	nstructions for	Cat. No. 1128	35F	Schedule	A (Form 990) 2022
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(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 failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support			,		e for Organi	zations Described	in Sections	170(b)(1)(A)	(iv) and 170(b)(
Section A. Public Support	٣d		(Comple	ete only if y	ou checked t	he box on line 5, 7,	or 8 of Part I	or if the organiz	zation failed to qua	
alendar vear			A. Public				, , r			
		ndarv	vear							

	ficeal year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	fiscal year beginning in)						
	membership fees received. (Do not						
2	include any "unusual grant.") Tax revenues levied for the						
_	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3 The portion of total contributions by						
5	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) Public support. Subtract line 5 from						
	line 4.						
	ection B. Total Support						
	endar year fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4.						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through						
12	10 Gross receipts from related activities, e	etc. (see instructio	ns)			12	<u> </u>
	First 5 years. If the Form 990 is for th	ne organization's fi	rst. second. third.	fourth, or fifth ta	x vear as a sectio		ization, check
	this box and stop here	-		•	•		
S	ection C. Computation of Public						
14	Public support percentage for 2022 (lin	e 6, column (f) div	vided by line 11, c	olumn (f))		14	
15	Public support percentage for 2020 Sch	nedule A, Part II, li	ne 14			15	
16a	33 1/3% support test-2022. If the	organization did no	ot check the box o	n line 13, and line	e 14 is 33 1/3% or	more, check this b	хох
	and stop here. The organization quality	fies as a publicly s	upported organiza	tion			Þ 🗆
b	••						
	box and stop here. The organization 10%-facts-and-circumstances test	qualifies as a publ	icly supported org	janization			► 🗆
17a	and if the organization meets the "facts	s-and-circumstanc	es" test, check thi	is box and stop h	ere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances" to	est. The organizati	on qualifies as a p	oublicly supported	organization		► 🗆
b	10%-facts-and-circumstances tes	t—2021. If the or	ganization did not	check a box on li	ne 13, 16a, 16b, o	or 17a, and line 15	is 10% or
	more, and if the organization meets the				• •		<u> </u>
18	meets the "facts-and-circumstances" f Private foundation. If the organization						
	instructions						🕨 🗆
						Schedule A (F	Form 990) 2022
			Page 3				
Sch	edule A (Form 990) 2022						Page 3
F	Part III Support Schedule for	or Organization	ns Described ir	n Section 509(a)(2)		
	(Complete only if you						er Part II. If
6	the organization fails t ection A. Public Support	to qualify under	the tests listed	below, please co	omplete Part II.)	
	endar year	(a) 2018	(b) 2019	(a) 2020	(d) 2021	(e) 2022	(f) Total
•	fiscal year beginning in)	(a) 2010	(b) 2019	(c) 2020	(u) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	564,895	575,350	562,382	584,509	604,317	2,891,453
	include any "unusual grants.") .		,			,	
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in	7,273	23,375		19,207	14,928	64,783
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
	· · · · ·						
4	Tax revenues levied for the						

5	to or expended on its behalf.								
	The value of services or facilities								
	furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5	572,168	598,725	562,382	603,716	619,24	5	2 95	6,236
	Amounts included on lines 1, 2, and	572,100	550,725	502,502	003,710	015,2	5	2,55	10,230
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disgualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year.						-		
с 8	Add lines 7a and 7b Public support. (Subtract line 7c						-		
0	from line 6.)							2,95	6,236
Se	ction B. Total Support								
	ndar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) To	tal	
•	iscal year beginning in) 🕨		. ,	. ,			. ,		C 220
9 10a	Amounts from line 6 Gross income from interest,	572,168	598,725	562,382	603,716	619,24	0	2,95	6,236
10a	dividends, payments received on	33,864	32,856	32,787	31,947	20.44	6	16	51,920
	securities loans, rents, royalties and	55,004	52,030	52,787	51,947	30,46	0	10	920
ь	income from similar sources Unrelated business taxable income						_		
D	(less section 511 taxes) from								
	businesses acquired after June 30,								
_	1975.	22.004	22.050	22 707	21.047	20.44	6	10	1.020
с 11	Add lines 10a and 10b. Net income from unrelated business	33,864	32,856	32,787	31,947	30,46	0	16	51,920
	activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain								
12	or loss from the sale of capital								
	assets (Explain in Part VI.)						_		
13	Total support. (Add lines 9, 10c, 11, and 12.).	606,032	631,581	595,169	635,663	649,71	1	3,11	.8,156
	First 5 years. If the Form 990 is for t	he organization's	first, second, third	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) or	anizatio	on, che	eck
14									
14	this box and stop here				-		-	🕨	• 🕖
	this box and stop here				-		-	🕨	•
	this box and stop here ction C. Computation of Public Public support percentage for 2022 (lin	Support Perce	entage			15	-		10 %
Se	ction C. Computation of Public	Support Perce ne 8, column (f) d	entage livided by line 13,	column (f))	· · · · · · · · · · ·		-	94.8	
Se 15 16	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 s	Support Perce ne 8, column (f) d Schedule A, Part I	entage livided by line 13, II, line 15	column (f))	· · · · · · · · · · ·	15	-	94.8	10 %
Se 15 16	ction C. Computation of Public Public support percentage for 2022 (lin	Support Perce ne 8, column (f) d Schedule A, Part I ment Income	entage livided by line 13, II, line 15 Percentage	column (f))	· · · · · · · · · · · ·	15	-	94.8 93.8	10 %
Se 15 16 Se	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 s ction D. Computation of Invest	Support Perce ne 8, column (f) d 6chedule A, Part I ment Income 22 (line 10c, colu	ivided by line 13, II, line 15 Percentage mn (f) divided by	column (f))	· · · · · · · · · · · · · · · · · · ·	15 16	-	94.8 93.8 5.0	10 % 60 %
Se 15 16 Se 17 18	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A,	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	column (f))	· · · · · · · · · · · · · · · · · · ·	15 16 17 18	· · · ·	94.8 93.8 5.0 6.0	10 % 60 % 00 %
Se 15 16 Se 17 18	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the	Support Perce he 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r	Invided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box	column (f))))	15 16 17 18 33 1/3%, and li	ne 17 is	94.8 93.8 5.0 6.0	10 % 60 % 00 %
Se 15 16 17 18 19a	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r stop here. The	II, line 15	column (f))))	15 16 17 18 133 1/3%, and li ation	ne 17 is	94.8 93.8 5.0 6.0 not	10 % 60 % 00 % 00 %
Se 15 16 17 18 19a	ction C. Computation of Public Public support percentage for 2022 (lii Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and	Support Perce he 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r I stop here. The e organization did	Invided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box o	column (f))))	15 16 17 18 133 1/3%, and li ation more than 33 1	ne 17 is ▶ /3% and	94.8 93.8 5.0 6.0 not ✔ line 18	10 % 60 % 00 % 00 %
Se 15 16 17 18 19a	ction C. Computation of Public Public support percentage for 2022 (lii Public support percentage from 2021 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r I stop here. The e organization did and stop here.	II, line 15	column (f))))	15 16 17 18 n 33 1/3%, and li ation more than 33 1 anization	ne 17 is /3% and 	94.8 93.8 5.0 6.0 not ✔ line 18	10 % 60 % 00 % 00 %
Se 15 16 17 18 19a b	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r I stop here. The e organization did and stop here.	II, line 15	column (f))))	15 16 17 18 133 1/3%, and li ation more than 33 1 anization instructions	ne 17 is /3% and 	94.8 93.8 5.0 6.0 not ✓ line 18	10 % 60 % 00 % 00 % 8 is
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Se 15 16 17 18 19a b	ction C. Computation of Public Public support percentage for 2022 (lii Public support percentage from 2021 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r I stop here. The e organization did and stop here.	II, line 15	column (f))))	15 16 17 18 133 1/3%, and li ation more than 33 1 anization instructions	ne 17 is /3% and 	94.8 93.8 5.0 6.0 not ✓ line 18	10 % 60 % 00 % 00 % 8 is
Se 15 16 17 18 19a b	ction C. Computation of Public Public support percentage for 2022 (lii Public support percentage from 2021 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r I stop here. The e organization did and stop here.	II, line 15	column (f))))	15 16 17 18 133 1/3%, and li ation more than 33 1 anization instructions	ne 17 is /3% and 	94.8 93.8 5.0 6.0 not ✓ line 18	10 % 60 % 00 % 00 % 8 is
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See 15 16 17 18 19a b 20 Schee Par See 1	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the note than 33 1/3%, check this box and 33 1/3% support tests-2021. If the note than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section Ction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic and Did the organization have any support Did the organization have any support Did the organization have any support	Support Perce he 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r i stop here. The e organization did and stop here. The e organization did stop here. The e organization did ations organizations list upported organization the Part VI how the o	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qualit not check a box of The organization qualit not check a box of The organization quality abox on line 14, 12 Page 4 of Part I. If you che you checked box omplete Part V.) red by name in the ations are designation deternors and does not have organization deternors	column (f))	Part I, complete Sections A poperted Sections A poperted Sections A	15 16 17 18 133 1/3%, and liation ation anization instructions instructions Schedule A	ne 17 is 	94.8 93.8 5.0 6.0 not iline 18	10 % 60 % 00 % 8 is 2022 ge 4 ed
See 15 16 Se 17 18 19a 20 Schee Par 5 Se 1 2 3a	ction C. Computation of Public Public support percentage for 2022 (lin Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the nore than 33 1/3%, check this box and 33 1/3% support tests-2021. If the nore than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section Ction A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2). Did the organizat	Support Perce he 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r i stop here. The e organization did and stop here. The e organization did stop here. The e organization sist upported organization the condition state of the organization descent organization descent organization descent	Antage Invided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check the box organization quali not check a box o The organization quali not check a box o The organization quali not check a box o The organization quali not check a box o read by name in the the the the the the the the the the	column (f))	(6)? If "Yes," answ	15 16 17 18 ation an 33 1/3%, and li ation anization instructions instructions Schedule A	ne 17 is 	94.8 93.8 5.0 6.0 not iline 18	10 % 60 % 00 % 8 is 2022 ge 4 ed
See 15 16 17 18 19a b 20 Schee Par 1 2	 ction C. Computation of Public Public support percentage for 2022 (lii Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organiz Are all of the organization is supported If "No," describe in Part VI how the s describe the designation. If historic and Did the organization have any supported 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported 	Support Perce he 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r i stop here. The e organization did and stop here. The e organization did a box on line 12 co ctotions A and D, and co ations organizations list upported organization the part VI how the of organization deso supported organ	II, line 15	column (f))	Part I, complete Sections A poverning documen by class or purpo tion of status und ported organization (6)? If "Yes," answer (1)(4), (5), or (6) a	15 16 17 18 131/3%, and liation ation anization instructions instructions Schedule A	ne 17 is 	94.8 93.8 5.0 6.0 not iline 18	10 % 60 % 00 % 8 is 2022 ge 4 ed

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

	IT "res," explain in Part VI what controls the organization put in place to ensure such use.	3c	
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.	4a	
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.	4b	
с	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.	4c	
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).	5a	
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?	5b	
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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? <i>If "Yes," provide detail in Part VI.</i>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7	
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).	8	—
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 .	9a	
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.	9b	—
с	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 .	9c	-
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.	10-	
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).	10a 10b	
	Schedule A		0) 2022

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Schedule A (Form 990) 2022

Sche	Schedule A (Form 990) 2022					
Pa	t IV 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?					
b	A family member of a person described on 11a above?	11b				
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c				
Se	ection B. Type I Supporting Organizations					

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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		

No

Yes

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of 1

each of the organization's supported organizatio	n(s)? If "No," describe in Part VI how control or management of the
supporting organization was vested in the same	persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- 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?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- **3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI* the role the organization's supported organizations played in this regard

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - **a** The organization satisfied the Activities Test. Complete **line 2** below.

 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

- a 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.
- **b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.
- **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 Schedule A (Form 990) 2022

2a

2b

3a

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Schedule A (Form 990) 2022

Page 6

Ра	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organiza			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			

		Yes	No
s ne			
	1		
	2		
Ι.	3		

Yes

No

1

	(explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
1 2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	1 2	
1 2 3		_	
	Enter 85% of line 1	2	
	Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2	
- 3 4	Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	2 3 4	

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V **Section D - Distributions Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in 2 excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations з 4 Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide 8 details in Part VI). See instructions **9** Distributable amount for 2022 from Section C, line 6 q 10 Line 8 amount divided by Line 9 amount 10 (ii) (iii) Section E - Distribution Allocations (i) Underdistributions Distributable **Excess Distributions** (see instructions) Pre-2022 Amount for 2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022: **a** From 2017. **b** From 2018. c From 2019. **d** From 2020. . . e From 2021. f Total of lines 3a through e g Applied to underdistributions of prior years ${\boldsymbol{h}}$ Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years

b Applied to 2022 distributable amount

		1	
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part V</i> See instructions.	и.		
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			chedule A (Form 990) (2022)
	Page 8		
	Page o		
Schedule A (Form 990) 2022			Page 8
Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 Part IV, Section D, lines 2 and 3; Part IV, Se Section D, lines 5, 6, and 8; and Part V, Sec instructions).	ction E, lines 1c, 2a, 2b, 3	a and 3b; Part V, line 1; Part V, Se	ction B, line 1e; Part V
	Facts And Circumstanc	es Test	
Return Reference		Explanation	
			Schedule A (Form 990) 2022
Additional Data			Return to Form
	Software ID:		
5	Software Version:		

efile Public Visual Render		ObjectId: 202343189349300614 - Submission: 2023-11-14					TIN: C	6-6065406	
SCI	HEDULE D		Sunnlamor	ntal Financial Sta	tomonte			OMB No	o. 1545-0047
(Form 990)		 Complete if the or 	ganization answered "Yes 10, 11a, 11b, 11c, 11d, 11	s," on Form 990			2	022	
	tment of the Treasury al Revenue Service			Attach to Form 990.					to Public
	me of the organ		o to <u>www.irs.gov/Forn</u>	1990 for instructions and	the latest infor		over ident		spection number
	NNECTICUT RADIO F							incution	number
Pa	art I Organi	zations Mai	ntaining Donor Advi	sed Funds or Other Sir	nilar Funds o	06-60			
T G				s" on Form 990, Part IV,			untor		
				(a) Donor advised	funds	(b) Funds a	nd other a	accounts
1		,							
2			ns to (during year)						
3	Aggregate value	-							
4			•			in a d fu			
5	organization's p	roperty, subje	ct to the organization's ex	ors in writing that the assets clusive legal control?					Yes 🗌 No
•	charitable purpo private benefit?	oses and not fo	or the benefit of the donor	or donor advisor, or for any	other purpose co			sible	Yes 🗌 No
Pa		vation Ease		s" on Form 990, Part IV,	line 7				
1				nization (check all that apply					
-			public use (e.g., recreation		eservation of an	historic	ally importa	ant land a	irea
	\square	of natural hab			eservation of a c		, ,		
	\square	on of open spa		0 11		ertineu		ucture	
2				qualified conservation contri	bution in the for	mofac	onservatio	n	
2	easement on the								f the Year
а	Total number of	conservation e	easements			2a			
b	Total acreage res	stricted by cor	servation easements		[2b			
с	Number of conse	ervation easen	nents on a certified histori	c structure included in (a) .	[2c			
d	structure listed i	n the National	Register	ired after 7/25/06, and not c	L	2d			
3	Number of const tax year ►	ervation easer	nents modified, transferre	d, released, extinguished, o	r terminated by t	he orga:	nization du	iring the	
4	Number of state	es where prope	erty subject to conservation	on easement is located					
5				ne periodic monitoring, inspe s?	ction, handling c	of violati	ons,	Yes	🗆 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	cting, handling of violations,	and enforcing co	nservat	ion easeme	ents durin	g the year
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and e	enforcing conserv	ation ea	asements d	luring the	year
8	and section 170	(h)(4)(B)(ii)?		above satisfy the requireme				Yes	🗆 No
9	balance sheet, a	and include, if		ervation easements in its re footnote to the organization ts.				es	
Par	Comple	te if the orga	anization answered "Ye	of Art, Historical Treas s" on Form 990, Part IV,	line 8.				<u> </u>
1a	historical treasu	res, or other s	imilar assets held for pub	SC 958, not to report in its re lic exhibition, education, or r ents that describes these ite	esearch in furthe				
b	historical treasu following amour	res, or other s nts relating to	imilar assets held for pub these items:	SC 958, to report in its reven lic exhibition, education, or r	esearch in furthe	erance o	f public ser	rvice, pro	vide the
((i) Revenue includ	ed on Form 99	90, Part VIII, line 1				▶\$		
(i	ii)Assets included	in Form 990,	Part X				▶\$		
2	following amour	nts required to	be reported under FASB	cal treasures, or other simila ASC 958 relating to these ite	ms:	-			
а	Revenue include	ed on Form 99	0, Part VIII, line 1				▶\$		
b	Assets included	in Form 990, I	Part X				▶\$		

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

Cat. No. 52283D Schedule D (Form 990) 2021

			 Page 2 							
Scho	dule D (Form 990) 2021									Da
	t III Organizations Maintaining Co	lloctions of Au	t Histori			or Othor	Similar Ac	coto (conti		Page 2
3	Using the organization's acquisition, accessio									
а	items (check all that apply): Public exhibition 		d		Loan or exc	change prog	grams			
b	Scholarly research		e		Other					
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and expl	lain how the	ey furthe	er the orga	nization's e	kempt purpos	se in		
5	Part XIII. During the year, did the organization solicit o	r rocoivo donatio	nc of art hi	istorical	troscuroc	r othor cim	ilar			
5	assets to be sold to raise funds rather than to							🗌 Yes		
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ line 21.		Form 990	, Part I	V, line 9,	or reporte	d an amour	nt on Form	990, Pa	art X,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?							🗌 Yes	🗆 No	
b	If "Yes," explain the arrangement in Part XIII	I and complete th	ne followina	table:			Ar	nount		
с	Beginning balance	·	-			1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X,	line 21, for	escrow	or custodia	l account lia	ability?	🗌 Yes		
b	If "Yes," explain the arrangement in Part XIII							_		
Pa	rt V Endowment Funds. Complete if the organization answ				•					
		(a) Current yea		Prior year		years back	(d) Three yea	rs back (e) F	our years	back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses	_								
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2 a	Provide the estimated percentage of the curr Board designated or quasi-endowment	ent year end bala	ance (line 1	g, colum	ın (a)) held	l as:				
b	Permanent endowment 🕨									
с	Term endowment >									
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.								
3a	Are there endowment funds not in the posses organization by:	ssion of the orgar	nization tha	t are he	ld and adm	inistered fo	r the		Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on 3a(ii), are the related organization						• • •	Зb		
4	Describe in Part XIII the intended uses of the		ndowment	funds.						
Pa	rt VI Land, Buildings, and Equipme Complete if the organization answ		Form 990	Dart I	V line 11	a See For	m QQA Part	Y line 10		
	Description of property (a) Cost or ot (investm	ther basis (b)	Cost or other			Accumulated of			ook value	
1a	Land			47:	,403				4	71,403
	Buildings				3,000		312,796			95,204
	Leasehold improvements									
	Equipment			895	5,937		760,663		1	.35,274
е	Other									
ota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990,	Part X, colu	ımn (B),	line 10(c).)	•		7	01,881

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Schedule D	(Form 990) 2021				Page 3
Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, F	Dout IV	ling 11h Soo Eo	rm 000 Part V	line 12
	(a) Description of security or category (including name of security)	Book value	Cos	(c) Method of v t or end-of-year	aluation:
	Il derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV.	line 11c. See Fo	orm 990. Part X	. line 13.
	(a) Description of investment	ure rvy	(b) Book value	(c) Met	hod of valuation: of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, I	line 11d. See For	m 990, Part X, lir	ne 15.
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X	Other Liabilities.				
1.	Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability		line 11e or 11f.S	ee Form 990, I	Part X, line 25. (b) Book value

1.	(a) Description

(2)	
(0)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Page 4

Schedule D (Form 990) 2021

Scheo	lule D (Form 990) 2021			Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	•	Return.	
1	Complete if the organization answered 'Yes' on Form 990, Part Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		_	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	_	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	_	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	_	
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
	t XII Reconciliation of Expenses per Audited Financial Statem		-	
	Complete if the organization answered 'Yes' on Form 990, Part			
1	Total expenses and losses per audited financial statements $\ . \ . \ .$		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b $\$.	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Par	t XIII Supplemental Information			
Prov line	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 5 s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	4; Part IV, lines 1b and 2b; Pary additional information.	rt V, line 4;	Part X, line 2; Part XI,
	Return Reference	Explanation		
			Schedu	le D (Form 990) 2021

Return to Form

Return to Form

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efile Public V	Visual Render	ObjectId: 20234318934930	0614 - Submission: 2023-	11-14	TIN: 06-6065406		
SCHEDUL Form 990) epartment of the Treaternal Revenue Servi	asury	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.		ions on on.	OMB No. 1545-0047		
ame of the org ONNECTICUT RAD	anization DIO FELLOWSHIP INC	SHIP INC			Employer identification number 06-6065406		
Return Reference			Explanation				
Form 990 governing body review Part VI line 11	APPOINTS A FINANCE COMMITTEE TO REVIEW THE PRELIMINARY COPY OF THE FORM 990 TO MAKE APPROPRIATE corrections before submission of the final copy to the internal revenue service. Copies of the submitted form 990 are provided for all members of the board of directors.						
Governing documents etc available to public Part VI line 19	FORM 990, PART VI, LINE 19 - FORM 990 AVAILABLE TO THE PUBLICA PUBLIC FILE AS REQUIRED BY THE FEDERAL COMMUNICATIONS COMMISSION IS MAINTAINED AT THE PRINCIPLE PHYSICAL ADDRESS OF THE CONNECTICUT RADIC FELLOWSHIP INC AND IS AVAILABLE FOR PUBLIC INSPECTION DURING NORMAL BUSINESS HOURS, (9:00 TO 5:00 MONDAY TO FRIDAY)						
General explanation attachment	STOCK CORPORA BROADCAST FACI A DAY, 7 DAYS PEF THE ORGANIZATIC FORM 990, PART I, FOR SPECIFIC PU APPROXIMATLLY	I, LINE 1 - ORGANIZATIONS MISSIC TION. THE ORGANIZATIONS PRIM. LITY WITH RELIGIOUS AND EDUC, R WEEK. THERE ARE OVER 1,000, DN AND ITS OPERATION IS TOTALL LINE 6 - TOTAL NUMBER OF VOLU RPOSES. EACH YEAR IN OCTOBE 40 TO 50 VOLUNTEERES HELP TO TEERS ARE ALSO USED FOR A FEV	ARY EXEMPT PURPOSE IS TO ATIONAL PROGRAMMING. THE DOO LISTENERS IN THE PRIMAI LY FUNDED BY THE VOLUNTAF UNTEERSVOLUNTEERS ARE U R DURING A 3 DAY PERIOD CA TAKE PHONE CALLS AND DO	MAINTAIN AND O FACILITY IS IN C RY BROADCAST (SUPPORT OF ISED AT CERTAIN ILLED FAITH SHA OTHER TASKS DU	PERATE A RADIO PERATION 24 HOURS COVERAGE AREA. TS LISTENERS. TIMES EACH YEAR RING, JRING THIS PERIOD.		

Additional Data

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