Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

GOVERNMENT COPY

BRANTLEY JANSON 909 SOUTH 336TH STREET - SUITE 201 FEDERAL WAY, WA 98003 (253) 838-3484

November 15, 2022

New Phoebe House PO Box 5245 Tacoma, WA 98415

New Phoebe House:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2022.

We prepared return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Michael Gintz, CPA

Michael Gintz, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

New Phoebe House PO Box 5245 Tacoma, WA 98415

Prepared By:

BRANTLEY JANSON 909 SOUTH 336TH STREET - SUITE 201 FEDERAL WAY, WA 98003

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2022.

Form 8879-TE	IF	RS e-file Signature for a Tax Exer	e Authorization npt Entity	-	OMB No. 1545-0047
	For calendar year 2021, o	r fiscal year beginning	, 2021, and ending	, 20	2021
Department of the Treasury		Do not send to the IRS. K			2021
Internal Revenue Service		Go to www.irs.gov/Form8879TE	E for the latest information.		
Name of filer				EIN or SSN	2010
	OEBE HOUSE	ISA TALBOTT		33-102	3012
Name and title of officer or pe		EXECUTIVE DIRECTC	D		
Part I Type of I	Return and Retu		K.		
			er the applicable amount, if any, fr	iom the return	form 9029 CD and
Form 5330 filers may enter or 10a below, and the amo	r dollars and cents. Fo	or all other forms, enter whole do e return being filed with this forn	Illars only. If you check the box or n was blank, then leave line 1b, 2 urn, then enter -0- on the applicat	n line 1a, 2a, 3a 2b, 3b, 4b, 5b, 6	, 4a, 5a, 6a, 7a, 8a, 9a, b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere 🕨 🗶	b Total revenue, if any (Form 9	90, Part VIII, column (A), line 12)		ь <u>961,980.</u>
2a Form 990-EZ che			90-EZ, line 9)		
3a Form 1120-POL	check here 🕨 📃	b Total tax (Form 1120-POL, lir	ne 22)		b
4a Form 990-PF che			come (Form 990-PF, Part V, line s		b
5a Form 8868 check	here ►		e 3c)		b
6a Form 990-T checl			I, line 4)		b
7a Form 4720 check	here ►	b Total tax (Form 4720, Part III	, line 1)		b
8a Form 5227 check	here ►	b FMV of assets at end of tax	year (Form 5227, Item D)	8	b
9a Form 5330 check	here ▶	b Tax due (Form 5330, Part II, I	line 19)		b
10a Form 8038-CP ch		b Amount of credit payment r	equested (Form 8038-CP, Part II	l, line 22) 1	0b
			er or Person Subject to Ta		
Under penalties of perjury, of entity)			r or I am a person subject to , (EIN) a		
of any refund. If applicable entry to the financial institu- financial institution to debi- later than 2 business days payment of taxes to receiv personal identification num PIN: check one box only	 I authorize the U.S. ution account indicate it the entry to this acc prior to the payment ve confidential information 	Treasury and its designated Fina d in the tax preparation software ount. To revoke a payment, I mu (settlement) date. I also authoriz tion necessary to answer inquirie ature for the electronic return and	reason for any delay in processing incial Agent to initiate an electron e for payment of the federal taxes st contact the U.S. Treasury Final e the financial institutions involve es and resolve issues related to th d, if applicable, the consent to ele	ic funds withdra owed on this re ncial Agent at 1- d in the processi ne payment. I ha	wal (direct debit) turn, and the 888-353-4537 no ng of the electronic ve selected a thdrawal.
	MILLI OMIC	ERO firm name		to enter my Pin	Enter five numbers, but
					do not enter all zeros
with a state age	•	arities as part of the IRS Fed/Sta	re indicated within this return that te program, I also authorize the a		•
return. If I have i	ndicated within this re		nter my PIN as my signature on t being filed with a state agency(ies consent screen.		-
Signature of officer or person subject		tiantian		Date	>
	tion and Authen				
ERO's EFIN/PIN. Enter you number (EFIN) followed by	•	-	9137920000 Do not enter all zero		
			21 electronically filed return indic rnized e-File (MeF) Information for		
ERO's signature			Date ▶11	/15/22	
				· · -	
	EI	RO Must Retain This For	m - See Instructions		
	Do Not Sub	mit This Form to the IRS	Unless Requested To Do	o So	
LHA For Privacy act and		on Act Notice, see instructions	•		Form 8879-TE (2021)
102521 01-11-22					

16141115 759032 604700.000

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.		Taxpayer	identification	n number (TIN)		
print	NEW PHOEBE HOUSE				33-1023012		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s PO BOX 5245	ee instruct	ions.				
return. See instructions. I C Doll of Lio City, town or post office, state, and ZIP code. For a foreign address, see instructions. TACOMA, WA 98415							
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)				
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990) or Form 990-EZ	01	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990)-PF	04	Form 5227			10	
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	D-T (trust other than above)	06	Form 8870			12	
Form 990	D-T (corporation) LISA TALBOTT	07					
box ► 1 I re the ►	is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year 2021 or tax year beginning he tax year entered in line 1 is for less than 12 months, c Change in accounting period	and atta	ch a list with the names and TINs of MBER 15, 2022 , to file return for: d ending	all membe	ers the extension of th	sion is for.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.), enter the	tentative tax, less	3a	\$	0.	
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
est	imated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.	
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by				
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.	
Caution: instruction	If you are going to make an electronic funds withdrawal	(direct del	bit) with this Form 8868, see Form 84	53-TE and	d Form 8879-	TE for payment	
	or Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Form 8	868 (Rev. 1-2022)	

123841 01-12-22

Form	990
------	-----

Department of the Treasury Internal Revenue Service

an the 0001 colondar was

EXTENDED TO NOVEMBER 15, 2022 Return of Organization Exempt From Income Tax

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

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

ممثله مرم اممر

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

.



АГ	or the	a 2021 calendar year, or tax year beginning and	enaing		
B C	heck if	c Name of organization		D Employer identific	ation number
	Addres	NEW PHOEBE HOUSE			
	Name	Doing business as	33-102303	L2	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Final return/	PO BOX 5245	253-383-7		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	983,874.
	Ameno return	TACOMA, WA 98415		H(a) Is this a group re	turn
	Application	F Name and address of principal officer: DISA IADDUII		for subordinates	? Yes X No
	pendin	⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
ΙT	ax-exe	empt status: 🗴 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 🗌 527	If "No," attach a	list. See instructions
J۷	Vebsit	e: NEWPHOEBEHOUSE.ORG		H(c) Group exemption	n number 🕨
ΚF	orm of	organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year	of formation: 2002 N	I State of legal domicile: WA
Pa	nrt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: $[] THROW THR$	UGH HO	USING, SERVI	CES,
- Science		SUPPORT, AND TREATMENT, WE SERVE PIERCE C			
Activities & Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
Ne	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
8 8		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			15
jti	6	Total number of volunteers (estimate if necessary)		6	0
çti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
◄		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		874,096.	877,961.
Revenue	9	Program service revenue (Part VIII, line 2g)		21,960.	42,363.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	2.
۳	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,373.	41,654.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		920,429.	961,980.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		726,062.	613,832.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		3,173.	2,340.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	19.		
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		291,499.	226,921.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,020,734.	843,093.
	19	Revenue less expenses. Subtract line 18 from line 12		-100,305.	118,887.
or			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		675,401.	792,728.
Net Assets	21	Total liabilities (Part X, line 26)		389,632.	388,072.
Engline	22	Net assets or fund balances. Subtract line 21 from line 20		285,769.	404,656.
De		Signaturo Blook			

Part II Signature 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.

Sign	Signature of officer		Date						
Here	LISA TALBOTT, EXECUTIV	E DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date Check PTIN						
Paid	MICHAEL GINTZ, CPA	MICHAEL GINTZ, CPA	11/15/22 self-employed P00089258						
Preparer	Firm's name BRANTLEY JANSON		Firm's EIN 🕨 91-0998786						
Use Only	Firm's address 909 SOUTH 336TH	STREET - SUITE 201							
	FEDERAL WAY, WA	98003	Phone no. 253 - 838 - 3484						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		3-1023012	Page 2
Pa	rt III Statement of Program Service Accomplishments		37
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: THROUGH HOUSING, SERVICES, SUPPORT, AND TREATMENT, WE SERVI	- DIFRCF	
	COUNTY MOTHERS AND CHILDREN IMPACTED BY CHEMICAL DEPENDENCY		
	HOMELESSNESS, AND TRAUMA. WE HELP MOTHERS ACHIEVE AND MAIN		
	REUNIFICATION THROUGH CLEAN AND SOBER LIVING, HEALING, AND		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, th	e total expenses, ar	ld
	revenue, if any, for each program service reported.	10	262
4a	(Code:) (Expenses \$716,671. including grants of \$) (Revenue \$] (Revenue \$) (Revenue \$] (Reve		<u>363.</u>)
	AND OLDER) AND THEIR CHILDREN (UNDER AGE 7) WHOSE LIVES HAV	•	
	SEVERELY IMPACTED BY SUBSTANCE ABUSE. A MAJORITY OF OUR RES		2
	CONSIDERED HIGH RISK FOR SUBSTANCE ABUSE RE-LAPSE AND CERTA		
	HIGH RISK FOR CHILD NEGLECT AND DOMESTIC VIOLENCE.		
4b	(Code:) (Expenses \$28,649. including grants of \$) (Revenue \$) (Revenue \$))
	THE PHOEBE FOREVER AFTERCARE PROGRAM HELPS THE WOMEN TRANS		TO
	THE COMMUNITY WITH CASE MANAGEMENT SUPPORT FOR UP TO A YEAR		
	SUBSIDIES TO KEEP THEM STABLY HOUSED, ONGOING RECOVERY MAIN GROUPS TO PROTECT AGAINST RELAPSE, AID IN HOUSEHOLD MANAGEN		
	COACHING AS NEEDED AND SUPPORT TO NAVIGATE CONTINUED STEPS		<u> </u>
	INDEPENDENCE.	TOWARD	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 745,320.	~	00
		Form 9	90 (2021)
132002	2 12-09-21 3		

	000	(0004)
FOUL	990	(2021)

 Form 990 (2021)
 NEW
 PHOEBE
 HOUSE

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
U	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	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			
		14b		x
15	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		<u>.</u>	<u> </u>
13		15		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X
132003	3 12-09-21	Form	990	(2021)

16141115 759032 604700.000

4 2021.05000 NEW PHOEBE HOUSE

Form	990	(2021)
	330	(2021)

 Form 990 (2021)
 NEW
 PHOEBE
 HOUSE

 Part IV
 Checklist of Required Schedules
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
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		
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		X
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		X
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	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	
132004	↓ 12-09-21 E	Form	990	(2021)
	5			

Part J Statements Regarding Other IRS Filings and Tax Compliance Continued 2a Filer the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 1 1 b If a text one is reported on Ine 2a, dot the organization file al required texts at mutor? 2a X 3a Did the organization have unrelated business grass income of \$1,000 or more during the year? 2a X 4a At any time during the organization have an interest in, or a signature or other athority over, a financial account is control to athe 3b, provide an expansion on Schedule O 3a X b If "Yes," instel the name of the foreign caurity low 2a X See instructions for filing requirements for FinCCIN Form 114, Report of Prengin Bank and Financial Accounts (FUM). 5a X c If "Yes," instel the name of the foreign caurity low 5a X d Did any taxation faile form 808-17 5a X d Did any taxation faile form 808-17 5a X d Did any taxation faile form 808-17 5a X d Did any taxation faile form 808-17 5a X d If "Yes," indite a set ontellow and instant on the organization native and the organization native and the organization native and the organization native	Form	990 (2021) NEW PHOEBE HOUSE 33-1023	012	Р	age 5
2a Enter the number of employees reported on Ferm W-3. Transmittal of Wage and Tax Statements. 2a 15 bit at least one is reported on line 2a, did the cognization file all required federal enginemations that setters? 2a X 3a Diff the enginization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Diff the enginization have an integro of \$1,000 or more during the year? 3a X 3b Diff the enginization have an integro of \$1,000 or more during the year? 3a X 3b If "Nes," inter the number of engine country Such as a bank account, securities account, or other durinoity over, a financial account's explored to a set Such and the origination have annual process receipts that account securities account or other durinoity over, a financial account's explored to a set Such and the account's explored to account's explored to account's explored to account account's explored to account account's explored to account's explored to account's explored to account account's explored to account's expl	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
life dry the calendar year anding with or within the year covered by this return $2a$ 15 a Note: If the sum of lines 1 and 2a is greater than 250, you may be required to a , das . See instructions. aa xa Built the arguinzation have unrequired to a , das . See instructions. aa xa xa Built the arguinzation have unrequired to a , das . See instructions. ab xa xa A any time during the calendary server, dith to organization have an intervals. It is a significant on the on intervals. ab xa See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). $5a$ X D dark subscript party only the organization have an interval or sa significant bare server. $5a$ X D dark subscript party only the organization have an interval greater than \$100,000, and did the organization solid an organization tark and an ormality greater than \$100,000, and did the organization solid an any contributions that may receive deductible contributions under section 70(c). ba ba D of any isolarization necesser as startment that such contributions or offic were not tax deductible? $7a$ x D of any isolarization necesser as out that an ormality greater than \$100,000, and did the organization necesser as x^{-1} . ba ba ba ba				Yes	No
b If a test one is reported on inv 2a, diff the organization file all required to end, so is entructions. 2b X 3a Did the organization have unrolated business gross income of \$1,000 or more during the year? 3a X 3b Did the organization have unrolated business gross income of \$1,000 or more during the year? 3a X 3b Thest, "that ifted a from 90b.7 for the year? of the 00, provide an explanation or 8chedule 0 3b X 3b Thest, "that ifted a from 90b.7 for the year? of the 00, provide an explanation or 8chedule 0 3b X 3b Thest, "that ifted a from 90b.7 for the year? of the 00, provide an explanation or 8chedule 0 3b X 3c X Did any taxable party outry (back has a bink account, accurites account, or other financial account? 4a X 3c Viss," outroe is a or 50, did the organization in Fom 806 17 5c 5a X 3c Viss," did the organization include with every solicitation an express statement that such corticutors or gifts were on that deductible activation corticutors 5b Y 3c Did the organization include with every solicitation and spite part on the good and services provided? 7c X 3c Did the organization include with every solicitation ane spite statin every organization second a	2a				
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to <i>c</i> , the Sea instructions. Image X 3D Deft be organization have verified business grows income of \$10,000 mmo during the year? 3B X 4A At any time during the calendar year, did the organization have an intervel in, or a signature or other authordy over, a transmit social count in a toring in country Such as a bate the account, securits are other handcal accounts (FBAR). 3B X bit "Yes," that the name of the forigin country > Sea instructions for filling requirements for FinCNF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sea X bit Wes," and the organization that was or is a party to a prohibited ta subscher transaction? Sea X bit Wes," and the organization that was or is a party to a prohibited ta subscher transaction? Sea X bit Wes," and the organization that was or is a party to a prohibited ta subscher transaction? Sea X bit Wes," and the organization that was or is a party to a prohibited ta subscher transaction? Sea X bit Wes," and the organization that was or is a party to a prohibited ta subscher transaction? Sea X bit Wes, "that if the organization the subscher transaction? Sea X Sea bit Wes, "that if the organiz		filed for the calendar year ending with or within the year covered by this return 2a 15			
ab Bid the organization have unrelated business gross income of \$1,000 or mote during the year? ga X b If Yea," hast field a FGM 3000 Tork his year? year. Note that the organization have an interest in, or a signature or other authority over, a financial accountly over, a term of the foreign outry his oth as before the account, a organ countly his oth as before the account a longing output to a prohibited tas a heter thrancel account or other financial accounts? ga X 5a is that one of the foreign outry his oth as before thrancel account or other financial accounts? ga X 5a was the organization for fining requirements for FinCEN Form 114, Papert of Foreign Bank and Financial Accounts (FBAR). ga X 5a both ary backed party notify the organization finit if was or is a party to a prohibited tas shalter transaction? ga X 6a Des the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or anthrathe contributions? ga X 7 Organization situ were not tax deductible as mage thy as a collubility or ganization situ were not tax deductibles and party torganization situ were not tax deductible and party to prohibited tax shalter transaction? ga X 7 Organization situ were not tax deductible as mage thy as a collubility organization sector any contributions and sarvies provided? ga X 7 Organization set and any and tany astothe tany assochast and sarvies provided?	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If Yes, 'this is filled a Form 90-1 for this yea? // Yes' to line 3b, provide an explexation on sole-shee 0 3b 4 At any time during the calendary year, did the organization have an interest in, or a signature or other alknotty over, a manual account in a longing on output sole of the organization have an an interest in, or a signature or other alknotty over, a manual account in a longing on output sole of the organization have and the organization have and the sole of the organization have and the sole of the organization have and the sole of the organization have and a provide an explexation for the organization have nual gross receipts that are normally greater than \$100,000, and did the organization have nual gross receipts that are normally greater than \$100,000, and did the organization have nual gross receipts that are normally greater than \$100,000, and did the organization have nual gross receipts that are normally greater than \$100,000, and did the organization have nual gross receipts that are normally greater than \$100,000, and did the organization have nual gross receipts that are normally greater than \$100,000, and did the organization have nual gross receipts of the value of the good or services provided 10 the prove? 7a X 0 If 'Yes' to line from \$282 field during the year 7a X 10 If 'Yes', indicate the number of Forms \$282 field during the year? 7a X 11 If 'Yes', indicate the number of forms \$282 field during the year? 7a X 11 If the organization neewed a contribution of qualified intelectual property for which it was required? 7a 7a <th></th> <th>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i>. See instructions.</th> <th></th> <th></th> <th></th>		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountly in the signature or other authority over, a financial accountly in the signature or other authority over, a financial accountly in the signature or other authority over, a financial accountly in the organization in the signature or other authority over, a financial accountly in the organization in the signature or other authority over, a financial account of the signature or other authority over, a financial accountly in the organization in the organization in the signature or other authority over, a financial account of the organization in the organization in the organization include with every solicitation are appress statement that such contributions or gifts were not tax deductibles or altradive contributions. 5a X 6 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or altradive contributions. 6a X 7 Organizations that may receive deductible contributions under section 170(c). 7a X 9 Uf the organization netwy field during the year. 7d 7a X 9 Uf the organization netwy field during the year. 7d 7a X 9 Uf the organization network any finds, directly or indirectly, to apprentimes and services provided? 7a X 9 Uf the organization network any divide diverse divide during the year? 7a X Y 9 Uf the organization netwere anorthibution of acrax, boats, inplanes, or	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X bit 'Ves,' reter the name of the foreign country. - 5a X 5a Was the organization a party to a prohibited tax shafter transaction at any time during the tax year? 5a X 5a Was the organization have non-analy gross reset that so or is a party to a prohibited tax shafter transaction? 5a X 5b Did any taxable party notify the organization have so that a party to a prohibited tax shafter transaction? 5a X 6a Does the organization have annual gross reset/state that such contributions or gifts 5a X 7b If 'Ves,' of the organization have and party as a contribution and party for pools and services provided? 7a X 7b If 'Ves,' of the organization notify the donor of the value of the goods or services provided? 7a X 7b If 'Ves,' of the organization notify the donor of the value of the goods or services provided? 7a X 7c If 'Ves,' find the organization notify the donor of the value of the goods or services provided? 7a X 7c If 'Ves,' find the organization notify the donor of the value of the goods or services provided? 7a X 7a If 'Ves,' find the organization and construction of cars, boads, ainplanes, or othereviciae, sorelines? 7a X </th <th>b</th> <th>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</th> <th>Зb</th> <th></th> <th></th>	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb		
b If *Yes, "enter the name of the foreign country → See instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR), Sa X b Data my taxable party to a prohibited tax shifter transaction at any time during the tax year? Sa X b Did any taxable party noity the organization in the twa so is a party to a prohibited tax shifter transaction? Sa X cl If *Yes' to the organization have annual prose receipts that are normally greater than \$100,000, and did the organization solit Ga X any contributions that we end tax deductibles contributions? Ga X 0 If any contribution shat we are normally greater than \$100,000, and did the organization neutrop expension tax deductibles contributions and exploses provided? Ga 0 If any contribution shat we are normally greater than \$100,000, and bit hy sa contribution of any contribution of any tax indicater the organization neutrop any fands, directly to indirectly, to pay prentumes or gents Ga X 0 If the organization neutrop any fands, directly or indirectly, to pay prentume on a personal benefit contract? Ta X 1 If *Yes, 'indicate the number of Forms 8282 filed during the year Ta X Ta Ta Ta Ta Ta Ta Ta T	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for timing requirements for thmCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a SW bit do any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a See Does the organization have simular gross receipts that are normally greater than \$100,000, and did the organization simular gross receipts that are normally greater than \$100,000, and did the organization simular gross receipts that are normally greater than \$100,000, and did the organization simular gross receipts that are normally greater than \$100,000, and did the organization simular gross receipts that are normally greater than \$100,000, and did the organization simular gross receipts are provided? 5a X D of the organization near second \$75 mide partly as a contribution and partly for problem that we required to the part? 7a X D bit do organization near second \$75 mide partly as a contribution and partly for problem of the organization receive a parment in excess of \$75 mide partly as a contribution of partly for which it was required to the form \$282? 7a X D bit do organization near second second contract 7a X X D bit do organization near second second contract? 7e X X D bit do organization near second second contract? 7f X X D bit do organization near second second contract? 7f X X D bit do organization near second second contract?		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa X b Did any taxable party notify the organization file Form 8886 17 So So So Ga Dess the organization have annual gross necepts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible or that aceductible or the solid any contributions at any contributions and party is a contribution and party for poots and services provided to the part of a provided to part of a provide	b	If "Yes," enter the name of the foreign country			
b Dd any taxalle party nothy the organization that it was or is a party to a prohibited tax shelter transaction? 56 X c If 'Yes' to line 5a or 5b, dd the organization the organization tile organization taxe annual gross receipts that are normally greater than \$100,000, and did the organization such are annual gross receipts that are normally greater than \$100,000, and did the organization such are annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 68 X 7 Organization state apyment in access of \$15 made party is a contributions? 74 72 X 7 Organization state apyment in access of \$15 made party is a contribution of the year contract? 74 72 X 7 Organization secret apyment in access of \$15 made party is a contribution of an expressonal property for which it was required to file form 8282? 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74 74		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c If "Yes" to line 5a or 5b, did the organization file Form 8886 T? 5c Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charatable contributions? 5c b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X 7 Organizations that may receive deductible contributions under section 170(c). 6b 7c X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a X c Did the organization notify any form 58282 filed during the year 7d 7a X d If "Yes," dickate the number of Forms 8282 filed during the year 7d 7d 7d g If the organization neceive any funds, directry or indirectly, to pay premiums on a personal benefit contract? 7d 7d g If the organization neceive a contribution of qualified intellectual property, did the organization file a form 10896.7 7a 7d g If the organization meave excess business holdings at any time during the year? 7d 7d g If the organization neceive a contribution of qualified intellectual property, did the organization file a form 1089.7 7n g Sponsoring organization neceive as a bloting sappate	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ga 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 chartable contributions? Ga X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and party for goods and services provided to the payr? 7a X b If 'Yes,' did the organization notify the doors of the value of the goods of services provided? 7b 7c X c Did the organization notify the doors of the value of the goods of services provide? 7c X c Did the organization notify the doors of the value of the goods of services provide? 7c X d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d 7d 7c d If the organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required? 7d	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
Ga 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 chartable contributions? Ga X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and party for goods and services provided to the payr? 7a X b If 'Yes,' did the organization notify the doors of the value of the goods of services provided? 7b 7c X c Did the organization notify the doors of the value of the goods of services provide? 7c X c Did the organization notify the doors of the value of the goods of services provide? 7c X d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d 7d 7c d If the organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required? 7d	с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
any contributions that were not tax deductible as chartable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X 7 Organizations that may receive deductible contributions under section 170(c). 7b 7c X b If the organization notify the donor of the value of the goods or services provided? 7c X c Did the organization notify the donor of the value of the goods or services provided? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 2d 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 2d 7c X g If the organization neeview a contribution of qualified intellectual property, did the organization free/ere any funds, directly or indirectly, on a personal benefit contract? 7c 7d g If the organization neeview a contribution of cars, boats, any time during the year? 8 8 8 9 Sponsoring organization have excess business holdings at any time during the year? 8 8 8 9 Sponsoring organization neeview a contribution of cars, boats, any time during the year? 9a 9a 9 Sponsoring organization have excess business holdings at any time during the year? 8 8 9 Sponsoring organization neeview and contribution of cars, boats, any time during the year? 9a					
were not tax deductible? 60 7 Organizations that may receive deductible contributions under section 170(c). 70 a Did the organization notify the donor of the value of the goods or services provided? 70 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 70 c Did the organization notify the donor of the value of the goods or services provided? 70 c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d d If the organization receive a contribution of qualified intelectual property (did the organization file Form 8998 as required? 7h d If the organization make access business holdings at any time during the year? 7d 7d d If the organization make any taxable distributions under secton 49667 9a 9a Did the sponsoring organization make any taxable distributions under secton 49667 9a 9a Did the sponsoring organizations included on Part VIII, line 12 10a 10a 11 Section 501(c)(2) organizations. Enter: 10a 10a 12 Section 501(c)(2) organizations. Enter: 10a 10a 13 Section 501(c)(2) organizations. Enter: 10a			6a		X
7 Organizations that may receive deductible contributions under section 170(c). a) lid the organization neelves a payment in excess of S/S made party as a contribution and party for goods and services provided to the payor. 7a X 7 D) if the organization neelves a payment in excess of S/S made party as a contribution and party for which it was required to file Form 8282? 7a X 7 D) if the organization ontify the door of the value of the goods or services provided? 7c X 9 Did the organization receives any tunds, directly or indirectly, or a personal benefit contract? 7c X 9 If the organization organization organization organization organization of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 CF 7a X 9 Sponsoring organization maintaining doors advised funds. Did a doorn advised funds. 7a X 7a X 9 Sponsoring organization make a distribution to a doner, doror advised funds. 3a 3a 3a 3a 3b 3a	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7 Organizations that may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payment. 7a X 8 Did the organization notify the donor of the value of the goods or services provided? 7c X 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fue form 8282? 7c X 9 Did the organization receive any tunds, directly or indirectly, to pay permiums on a personal benefit contract? 7c X 9 Did the organization, diring the yae, zep yermiums, directly or indirectly, on a personal benefit contract? 7c X 9 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 7n		were not tax deductible?	6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c X d If "Yes," indicate the number of Forms 8282 filed during the year pay premiums, on a personal benefit contract? 7c X d If the organization received a contribution of qualified intellectual property, did the organization files Form 8899 as required? 7ft 7ft f If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1088-C? 8 9 9 Sponsoring organizations maintaining doorn advised funds. Did a doorn advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9a b Did the sponsoring organization make a distribution to a door, doorn adviser, or orelated person? 9b 9a f If the action 501(c)(12 organization. Enter: 10a 10a 10a a Instation form embers or shareholders 11a 10a 11a 10a f If the action 501(c)(12 organization. Enter: </th <th>7</th> <th></th> <th></th> <th></th> <th></th>	7				
b If "Yes," did the organization netify the donor of the value of the goods or services provided? To c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Tc X d If "Yes," indicate the number of Forms 8282 filed during the year Td Td Tc X d If "Yes," indicate the number of Forms 8282 filed during the year Td Td Td Td d Did the organization received a contribution of qualified intellectual property, did the organization freedived a contribution of acra, boats, aiprlanes, or other vehicles, did the organization face weak a contribution of acra, boats, aiprlanes, or other vehicles, did the organization face weaks and aphraticaton received a contribution of acra, boats, aiprlanes, or other vehicles, did the organization face weaks business holdings at any time during the year? 8 8 9 Sponsoring organization make a distribution on denor, donor advisor, or related person? 9a 9a 10 If the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9a 9a 10 Borts the sponsoring organization. If tal 10a 10b 11a 10 Initiation fees and capital contributions included on Part VIII, line 12. 10b 11a 12a 12a <	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		X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d I' Yes, 'Indicate the number of Forms 8282 filed during the year 7d 7d 7d e Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7e X f Did the organization received a contribution of qualifed intellectual property, did the organization file Form 8099 as required? 7f 7g g If the organization received a contribution of qualifed intellectual property, did the organization file Form 8099 as required? 7g 7h g Sponsoring organization make any taxable distributions under section 49667 8a 9a 9a 9a 9a 9a 9a 9a 9b 9a 9b 9a 9a <th>b</th> <th>If "Yes," did the organization notify the donor of the value of the goods or services provided?</th> <th>7b</th> <th></th> <th></th>	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
d If "Yes," indicate the number of Forms 8282 filed during the year Td e Did the organization, during the year, pay premiums, on a personal benefit contract? Te f) Did the organization, during the year, pay premiums, on a personal benefit contract? Tf g) If the organization, during the year, pay premiums, on ther vehicles, did the organization file a Form 1098-C7 Sponsoring organizations maintaining door advised funds. g) Sponsoring organizations maintaining door advised funds. Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make and txable distributions under section 49667 9a g) Did the sponsoring organization make and txable distributions under section 49667 9a 9b g) Did the sponsoring organization make and transcription donor advised runds. 10a 10b 10b g) Did the sponsoring organization make and txable distributions under section 49667 9a 9a 10b g) Did the sponsoring organizations. Enter: 10a 10b 10b 10b 10b 10b g) Section 501(c)(12) organizations. Enter: 10a 10b 10b 10b 10b 10b 10b 10c 10c 10b 10c 10c 10c 10c 10c 10c 10c 10c 10	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d e Did the organization, during the year, pay premiums, on a personal benefit contract? 7d f If the organization during the year, pay premiums, on a personal benefit contract? 7d g If the organization during the year, pay premiums, or other vehicles, did the organization file a Form 1098-C? Sponsoring organization maintaining door advised funds. 0 adoor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9b 10 sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 9b 10 sponsoring organizations. Enter: 10a 10b 10b 10b 11 Section 501(c)(7) organizations. Enter: 11a 10a 10b 10b 11 Section 501(c)(2) organizations. Enter: 11a 10b 10b 10b 12 Section 501(c)(1) organizations. Enter: 11a 10a 10b 10b 13 section 501(c)(2) organizations. Enter: 11a 10a 10b 10d 10a		to file Form 8282?	7c		X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7n g If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 8 g Sponsoring organization maintaining donor advised funds. Did a donor advised fund animatione by the sponsoring organization make any taxable distributions under section 4966? 9a g Sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b log in bitation fees and capital contributions included on Part VIII, line 12 10a 10a 10b log cross income from members or shareholders 11a 10b 10b 10c l Section 501(c)(12) organizations. Enter: 10a 11b 12a 12a l Section 501(c)(21) organization receives (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a <t< th=""><th>d</th><th></th><th></th><th></th><th></th></t<>	d				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 g If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 72 8 74 74 9 Formanization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 8 9 9 Sponsoring organization make axy taxable distributions under section 4966? 9a 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 11 Bedit on thembers or shareholders 11a 12 Section 501(c)(12) organizations. Enter: 10a 13 Section 501(c)(12) organizations. Enter: 11a 14 11b 11a 15 Gross income from momenser or shareholders 11a 16 Gross income form ofter sources. (Do not net amounts due or palization filing Form 990 in lieu of Form 1047? 12a 16 If Yes," enter the amount of tax exempt interest received or accrued during the year? 12a 12a 13 Section 501(c)(29) qualifie			7e		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Image: Control or Control of C	f		7f		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Image: Control or Control of C	g		7g		
sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 0 Did the sponsoring organization make any taxable distributions under section 4966? 9a 0 Section 501(c)(7) organizations. Enter: 10a 10a 10 Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 11a 13 Gross income from members or shareholders 11a 11a 14 Trees," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 14 Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 15 Section 501(c)(22) qualified nonprofit health insurance issuers. 13a 13a 16 organization ilicensed to issue qualified health plans in more than one state? 14a X 16 the organization is careation is required to maintain by the states in which the organization is licensed to issue qualified health plans 13a 13a 14a Did he organization subject to the section 4960 tax on payments? If "No," provide an explanation	h				
9 Sponsoring organizations maintaining donor advised funds. 9 b) Did the sponsoring organization make any taxable distributions under section 4966? 9a b) Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12. 10a 10b 11 Section 501(c)(7) organizations. Enter: 10a 10b 12 Section 501(c)(7) organizations. Enter: 11a 10b 13 Gross income from members or shareholders 11a 11b 14 Derses, included on Porm 990, Part VIII, line 12. 11a 11b 12 Section 501(c)(29) qualified nonprofit health surves due or paid to other sources against amounts due or received from them.) 11b 12a 12. If 'Yes, "enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 14. Note: See the instructions for additional information the organization must report on Schedule O. 14a X 14. Did the organization subject to the section 4960 tax	8				
9 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11a 11 Section 501(c)(12) organizations. Enter: 11a 11b 11a b Gross income from members or shareholders 11a 11b 12a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 14a X b If Yee, "has it filed a Form 720 to report these payments? If "No			8		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 11a 10b 11a 11a 11a 11a 11b 11c	9				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a 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: 11a a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 122 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13a 13 Section 501(c)(29) qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 14 Did the organization subject to the section 4968 excise tax on net investment income? 16 X 15 X If "Yes," complete Form 4720, Schedule O. 16 X 16	а		9a		
10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 11 Section form members or shareholders 11a 10b 11b 11c 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a 14 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a 14a X 14a Did the organization licensed to issue qualified health plans 13b 13a 14a X 15 Is the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 15 X If "Yes," s	b		9b		
a Initiation fees and capital contributions included on Part VIII, line 12 10a 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 11b 11a a Gross income from members or shareholders 11a 11b 12a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(22) qualified nonprofit health insurance issuers. 13a 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 14 X 14a X 14a X 15 Is the organization s					
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: 11a a Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 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 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X b If "Yes," see the instructions and file Form 4720, Schedule N. 15 14a X fi "Yes," complete Form 4720, Schedule O. 14b 15 15 X if "Yes," complete Form 6069.	а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 11b b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 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 12a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 14 14 16 Is the organization and file Form 4720, Schedule N. 16 X 16 17 Section 501(c)(21) organizations. Did the trust, any disqualified pers		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 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 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17 </th <th>11</th> <th></th> <th></th> <th></th> <th></th>	11				
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 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 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17 </th <th>а</th> <th>Gross income from members or shareholders 11a</th> <th></th> <th></th> <th></th>	а	Gross income from members or shareholders 11a			
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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 12c 14a X b Enter the amount of reserves on hand 13c 14a X 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 15 X 15 X If "Yes," complete Form 4720, Schedule O. 16 X 16 X If "Yes," complete Form 4720, Schedule O. 16 X 17 17 If "Yes," complete Form 4720, Schedule O. 16 X 17 17 If "Yes," complete Form 4720, Schedule O. 16 X					
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 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 14a 14a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization an educational institution subject to the section 4960 excise tax on net investment income? 16 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 17 17 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage		amounts due or received from them.) 11b			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization and file Form 4720, Schedule N. 15 X 16 Is the organization and dile Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	12a		12a		
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 17 17 17 17					
Note: See the instructions for additional information the organization must report on Schedule O. Image: Description of the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
Note: See the instructions for additional information the organization must report on Schedule O. Image: Description of the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
organization is licensed to issue qualified health plans 13b 13b 13c c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 17 16 X If "Yes," complete Form 4720, Schedule O. 17 17 17 If "Yes," complete Form 4720, Schedule O. 17 17 17 If "Yes," complete Form 4720, Schedule O. 17 17 17 If "Yes," complete Form 4720, Schedule O. 17 17 17 If "Yes," complete Form 6069. 10 10 10 10					
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 17 17 17	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 17 17 17		organization is licensed to issue qualified health plans			
14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17	с				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. Image: Complete Form 4720, Schedule N. Image: Complete Form 4720, Schedule O. Image: Complete Form 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? Image: Complete Form 6069.	14a		14a		X
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. Image: Complete Form 4720, Schedule N. Image: Complete Form 4720, Schedule O. Image: Complete Form 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? Image: Complete Form 6069.					
excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17 If "Yes," complete Form 6069. 10 10 10 10					
If "Yes," see the instructions and file Form 4720, Schedule N. If a base of the section 4968 excise tax on net investment income? If a base of the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. If a base of the 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 a base of the section 4951, 4952 or 4953? If "Yes," complete Form 6069. If a base of the section 4951, 4952 or 4953? If a base of the section 4951, 4952 or 4953?			15		X
16 X 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? 16 X 17 Yes," complete Form 6069. 16 X					
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	16		16		X
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 10					
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.	17				
If "Yes," complete Form 6069.			17		1
	132005	C	Form	990	(2021)

2021.05000 NEW PHOEBE HOUSE

Sec	tion A. Governing Body and Management				T	
		Ι.	1 10		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1 a	10	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		10			
-	Enter the number of voting members included on line 1a, above, who are independent	-	10	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other		37	
_	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under th	e direct	t supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:			
	The governing body?			<u>8a</u>	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	┣──
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		1	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \hfill \h$			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	X	
	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cont	flicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," de	escribe			
	on Schedule O how this was done			12c		X
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright WA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990	-T (section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			- /		
	Own website Another's website X Upon request Other (explain	n on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	d records			
	LISA TALBOTT - 253-383-7710					
	PO BOX 5245, TACOMA, WA 98415					
132006	12-09-21			Forn	1 990	(2021
_ ,	7					,·
411	15 759032 604700.000 2021.05000 NEW PHOE	BE I	HOUSE		60	470

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

NEW PHOEBE HOUSE

Form 990 (2021)

16

33-1023012

Page **6**

Form 990 (2021) NEW PHOEBE HOUSE	33-1023012 Page 7							
Part VII Compensation of Officers, Directors, Trustees,	Key Employees, Highest Compensated							
Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in	his Part VII							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compen	sation for the calendar year ending with or within the organization's tax year.							

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average	(do	not c	Pos	C) ition	l than c	ane	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	, unle	ss pei	rson i	s both r/trus	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) NAOMI VILLANO	40.00									
EXECUTIVE DIRECTOR				X				49,728.	0.	0.
(2) LUCY RITCHIE	1.00									
PRESIDENT		Х		X				0.	0.	0.
(3) PETER BORTEL	1.00									_
VICE-PRESIDENT		Х		X				0.	0.	0.
(4) VENICE ROBINSON	1.00									
SECRETARY	1.00	х		X				0.	0.	0.
(5) COLE MOSES	1.00									•
TREASURER	1 00	Х		X				0.	0.	0.
(6) KARALYN BETTS	1.00									0
PAST PRESIDENT	1 0 0	Х	<u> </u>	X				0.	0.	0.
(7) CHRISTINA FITZER	1.00								0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(8) JESSE JENSEN	1.00	77							0	0
DIRECTOR (9) MINDY JENSEN	1.00	Х						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(10) STEFANIE LOVE	1.00	~						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(11) SHAUNA SCHRAFT	1.00	Δ							0.	
DIRECTOR	1.00	x						0.	0.	0.
		-								
		ŀ								
		-								
		-								
		-								
132007 12-09-21										Form 990 (2021)

8

132007 12-09-21

Form 990 (2021)

	990 (2021) NEW PHOEE	BE HOUSE								33-10	230	12	Pa	age 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any	Average Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from the	(E) Reportable compensatio from related organizations		an	(F) timate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		fr orga and	om the anizati d relate	e ion ed
1b	Subtotal								49,728.		0.			0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A							0. 49,728.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	•			0
3	Did the organization list any former officer,	-		-	•	-		Ŭ			ſ		Yes	No v
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	ne organization		3		x x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	iccrue compen	sati	on fr	rom a	any	unre	elate	ed organization or individ	lual for services		5		x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t		•						the organization's tax y	, i	ensati			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C omper	;) nsatior	า
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	nited	d to t	thos (ted	above) who received mo	ore than				
						-					F	Form	9 90 (2	2021)

132008 12-09-21

			2021) NEW PHOEBE H	OUSE			33-1023	012 Page 9
Pa	rt V	/111						
			Check if Schedule O contains a response	e or note to any line	in this Part VIII	(B)	(0)	
					(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns 1a	30,000.				
Contributions, Gifts, Grants and Other Similar Amounts	-	b	Membership dues 1b					
۵. ۳		с	Fundraising events 1c					
ifts ar A		d	Related organizations 1d					
s, G		е	Government grants (contributions) 1e	448,695.				
ion Si		f	All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	399,266.				
d		g	Noncash contributions included in lines 1a-1f	13,993.				
aŭ		h	Total. Add lines 1a-1f		877,961.			
				Business Code				
ė	2	а	CLIENT FEES	624100	42,363.	42,363.		
e ric		b						
Se		с						
ram leve		d						
Program Service Revenue		е						
ā		f	All other program service revenue		10.000			
		g	Total. Add lines 2a-2f		42,363.			
	3		Investment income (including dividends, inte		2			2
	_		other similar amounts)		2.			2.
	4		Income from investment of tax-exempt bond	· · · ·				
	5		Royalties	(ii) Personal				
	•			(ii) Personal				
	6		Gross rents 6a					
		b	Less: rental expenses 6b	<u> </u>				
		C	Rental income or (loss) 6c					
		d	Net rental income or (loss) Gross amount from sales of (i) Securities					
	'	a	assets other than inventory 7a					
		h	Less: cost or other basis					
Ð		5	and sales expenses 7b					
evenue		c	Gain or (loss)					
Jev			Net gain or (loss)					
Other R			Gross income from fundraising events (not					
Ę	-		including \$ of					
•			contributions reported on line 1c). See					
				a 63,548.				
		b		ь 21,894.				
			Net income or (loss) from fundraising events	····· •	41,654.			41,654.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9	a				
		b		b				
			Net income or (loss) from gaming activities	> [
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
				Db				
		С	Net income or (loss) from sales of inventory					
S				Business Code				
eou	11							
scellaneo <u>Revenue</u>		b		·				
Miscellaneous Revenue		C						
Mis			All other revenue					
			Total. Add lines 11a-11d		961,980.	42,363.	0.	41,656.
10000	12		Total revenue. See instructions	▶	JUI, JUU.	<u> </u>		Form 990 (2021)
13200	9 IZ-	-09-	21					(2021)

NEW PHOEBE HOUSE

132009 12-09-21

604700.1

Page **9**

33-1023012

Form 990 (2						OEBE	
Part IX	Stat	ement	of	Functio	onal	Expen	ses

NEW PHOEBE HOUSE

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	40 700	40 700		
	trustees, and key employees	49,728.	49,728.		
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	475,904.	400 677	24 270	10 057
7	Other salaries and wages	4/5,904.	422,677.	34,370.	18,857
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	88,200.	79,269.	5,767.	3,164
0	Payroll taxes	00,200.	79,209.	5,707.	5,104
1	Fees for services (nonemployees):				
a	6 F				
b		10,250.		10,250.	
ر م		10,230.		10,230.	
d	, F	2,340.			2,340
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	2,540.			2,340
f g					
y	column (A), amount, list line 11g expenses on Sch 0.)	8,195.	8,195.		
2	Advertising and promotion	0/1000	0,1000		
3	Office expenses	10,726.	5,899.	3,218.	1,609
4	Information technology	3,034.	2,124.	607.	303
5	Royalties	0,001			
6	Occupancy	26,320.	22,372.	3,948.	
7	Traval	1,719.	1,203.	516.	
8	Payments of travel or entertainment expenses	, -			
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	5,784.	4,338.	1,446.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	23,763.	18,477.	5,286.	
3	Insurance	13,657.	11,608.	2,049.	
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	89,989.	89,989.		
b	IN-KIND EXPENSES	13,993.	13,993.		
с	REPAIRS AND MAINTENANCE	8,476.	8,052.	424.	
d	FURNISHINGS AND APPLIAN	6,880.	5,504.	1,376.	
е	All other expenses	4,135.	1,892.	1,897.	346
5	Total functional expenses. Add lines 1 through 24e	843,093.	745,320.	71,154.	26,619
6	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)				

132010 12-09-21

604700.1

16141115 759032 604700.000

NEW PHOEBE HOUSE

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

		Check in Schedule O contains a response of hot	<u> </u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			156,896.	1	331,217.
	2	Savings and temporary cash investments			-	2	
	3	Pledges and grants receivable, net	45,933.	3	1,235.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	se person	IS		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	l in sectio	on 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				8,975.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	632,508.			
	b	Less: accumulated depreciation	10b	172,232.	458,597.	10c	460,276.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		L	5,000.	15	0.
	16	Total assets. Add lines 1 through 15 (must equa			675,401.	16	792,728.
	17	Accounts payable and accrued expenses		34,714.	17	40,188.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
-iat		controlled entity or family member of any of thes		E E E E E E E E E E E E E E E E E E E	354,918.	22	347,884.
-	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	554,910.	23	547,004.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-			05	
	26	of Schedule D			389,632.	25 26	388,072.
	20	Organizations that follow FASB ASC 958, che			505,052.	20	500,072.
se		and complete lines 27, 28, 32, and 33.					
nce	27	Net assets without donor restrictions			285,769.	27	404,656.
3ala	28	Net assets with donor restrictions			28		
Π	20	Organizations that do not follow FASB ASC 9		20			
Fur		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29			
ets	30	Paid-in or capital surplus, or land, building, or eq			30		
Ass	31	Retained earnings, endowment, accumulated inc				31	
let.	32	Total net assets or fund balances	-	·····	285,769.	32	404,656.
~	33	Total liabilities and net assets/fund balances			675,401.	33	792,728.

Form 990 (2021)

604700.1

Form 990 (2021) Part X Balance Sheet

	1990 (2021) NEW PHOEBE HOUSE	33-102	3012	Pag	_{ge} 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	961			
2	Total expenses (must equal Part IX, column (A), line 25)	2	843			
3	Revenue less expenses. Subtract line 2 from line 1	3			87.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	285	5,70	69.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	404	1,6!	56.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit				
	Act and OMB Circular A-133?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits					
				aan /		

Form **990** (2021)

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public

Name of the o	organization
---------------	--------------

										identification number	
		-		PHOEBE HOU						3-1023012	
	art		Reason for Public (ee instruction	S.		
The	or	gani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)				
1			A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).			
2			A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)					
3			A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4			A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,	
			city, and state:								
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)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	Σ		An organization that norma	-					e general p	oublic described in	
			section 170(b)(1)(A)(vi). (C	•		5			5		
8	Г		A community trust describe		1)(A)(vi). (Complete Par	t II.)					
9	Ē		An agricultural research org				ed in coniu	inction with a	land-grant	college	
·			or university or a non-land-g				-		-	-	
			university:	frank bolloge of agric			iamo, ony	, and state of	the conege		
10	Г		An organization that norma	lly receives (1) more	than 22 1/20/ of its supr	ort from o	ontributior	s momborsh	in food and	d gross receipts from	
10			activities related to its exem								
					•						
			income and unrelated busin		(less section 511 tax) inc	nii busines	ses acqui	red by the org	anization a	atter Julie 30, 1975.	
			See section 509(a)(2). (Con					O(-)(4)			
11	F	\exists	An organization organized a	-	•	•					
12	L		An organization organized a	-	-	-			•		
			more publicly supported or	-						Sheck the box on	
			lines 12a through 12d that						-		
a	1		Type I. A supporting orga	-	-	• • •	-				
			the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting	
			organization. You must c								
k)		Type II. A supporting org	-				•		-	
			control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported	
			organization(s). You mus	•							
c	;		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,	
			its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.			
c	ł		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)	
			that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness	
			requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .			
e)		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type	I, Type III		
			functionally integrated, or	Type III non-function	nally integrated supportion	ng organiz	ation.				
f	E	Ente	r the number of supported o	organizations							
	j F		ide the following information			(iv) to the error	nization listed				
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	-	(vi) Amount of other	
			organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)	
_											
Tot	al										

Schedule A (Form 990) 2021

NEW PHOEBE HOUSE

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	472,413.	773,538.	997,328.	874,096.	877,961.	3995336.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	472,413.	773,538.	997,328.	874,096.	877,961.	3995336.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						232,436.
	Public support. Subtract line 5 from line 4.						3762900.
Sec	ction B. Total Support				[
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	472,413.	773,538.	997,328.	874,096.	877,961.	3995336.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						_
	and income from similar sources \dots					2.	2.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3995338.
	Gross receipts from related activities,	-				12	141,533.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	ourth, or fifth tax y	/ear as a section 5	01(c)(3)	
_	organization, check this box and stop						>
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I		•	())		14	94.18 %
	Public support percentage from 2020					15	90.08 %
1 6a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this boy	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		•••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	•	• •		•		
b	10% -facts-and-circumstances test	0					10% or
	more, and if the organization meets the						. —
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2021

	Schedule A	Form 990) 202
--	------------	----------	-------

NEW PHOEBE HOUSE

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Add lifes 1 through 5						
10	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		-		-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
	check this box and stop here	-			-		
Sec	ction C. Computation of Publi						
15	Public support percentage for 2021 (I	line 8, column (f), d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2020		•			16	%
Sec	ction D. Computation of Inves						
17	Investment income percentage for 20		nn (f), divided by li	ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2021. If the					·	
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the						3%, and
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 01-04-22			, , ,			lule A (Form 990) 2021
01			16			20.00	

2021.05000 NEW PHOEBE HOUSE

NEW PHOEBE HOUSE

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

Yes No

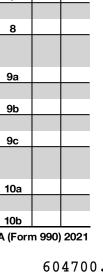
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21



Schedule A (Form 990) 2021

Dort IV	Supporting Orga	nizatione	<i>/</i> n	
		inizations	(continued)	

2

11 Has the organization accepted a gift or contribution from any of the following persons? Image: the second second

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	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. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the orga	anization used to satisfy	the Integral Part Test d	uring the year (see instruc	tions).
	Check the box next to the method that the orga	anization used to satisfy	the Integral Part Test di	uring the year (see ins	struc

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>	
---	--	---------------------------------------------------	------------------------------------------------------------------------------------------------	--

- 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) 2021

2a

2b

3a

18 2021.05000 NEW PHOEBE HOUSE

Yes No

Sche	dule A (Form 990) 2021 NEW PHOEBE HOUSE			33-1023012 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integrat	ed Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2021 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017

Current Year

1

2

3

4

5

604700.1

Schedule A (Form 990) 2021

16141115 759032 604700.000

b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

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

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Amounts paid to acquire exempt-use assets

NEW PHOEBE HOUSE

Schedule A (Form 990) 2021

Section D - Distributions

2

3

4

Schedule A	(Form 990) 2021		PHOEBE		33-1023012 Page 8
Part VI	Supplemental Part IV, Section A line 1; Part IV, Sec	, lines 1, 2, 3b, 3c ction D, lines 2 an , 6, and 8; and Pa	c, 4b, 4c, 5a, id 3; Part IV, \$	explanations required by Part II, line 10; Part II, line 17a 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa E, lines 2, 5, and 6. Also complete this part for any addi	a or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,
132028 01-04-2	2			21	Schedule A (Form 990) 202

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

33-1023012

Section:
X 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots **b** \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

NEW PHOEBE HOUSE

Name of organization

Employer identification number

33-1023012

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PIERCE COUNTY 930 TACOMA AVE S TACOMA, WA 98402	\$100,293.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NW CHILDREN'S FOUNDATION 2100 24TH AVE S #320 SEATLTE, WA 98144	\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CITY OF TACOMA 747 MARKET ST TACOMA, WA 98402	\$73,994.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MILGARD FAMILY FOUNDATION 1701 COMMERCE ST TACOMA, WA 98402	\$80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-11	-21		Schedule B (Form 990) (2021)

16141115 759032 604700.000

23 2021.05000 NEW PHOEBE HOUSE

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

16141115 759032 604700.000

24 2021.05000 NEW PHOEBE HOUSE Schedule B (Form 990) (2021)

Employer identification number

33-1023012

NEW PHOEBE HOUSE

Name of organization

Name of or	rganization		Employer identification number
NEW PI	HOEBE HOUSE		33-1023012
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	h) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
-		e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferazio nomo eddroco e	(e) Transfer of gift	Polationship of transformer to transforme
	Transferee's name, address, a	u 2 F + 4 	Relationship of transferor to transferee
123454 11-11	-21	25	Schedule B (Form 990) (202

16141115 759032 604700.000

2021.05000 NEW PHOEBE HOUSE

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

33-1023012

	NEW PHOEBE HOUSE		33-1023012
Par			counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised fund	ds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
		· · · · ·	·
Par			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreati		prically important land area
	Protection of natural habitat	Preservation of a certi	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a co	nservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	<u> </u>		2b
c	Number of conservation easements on a certified historic structure		2c
	Number of conservation easements included in (c) acquired af		20
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
U	year	ased, extinguished, or terminated by the organi	
4	Number of states where property subject to conservation ease	ament is located	
5	Does the organization have a written policy regarding the period		
5	violations, and enforcement of the conservation easements it I		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
U			in casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and onforcing conservation and	soments during the year
'	Amount of expenses incurred in monitoring, inspecting, narioin \$		sements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section $170(h)(1)(R)$	(i)
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
3	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures. or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9		
12	If the organization elected, as permitted under FASB ASC 958		ance sheet works
Ia	of art, historical treasures, or other similar assets held for publ		
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		sheet works of
D	art, historical treasures, or other similar assets held for public of	· ·	
	provide the following amounts relating to these items:		e of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		₽ ◀
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treat	surge, or other similar assets for financial gain,	
2			pi ovide
-	the following amounts required to be reported under FASB AS	-	•
a b	Revenue included on Form 990, Part VIII, line 1		
		for Form 990	
	For Paperwork Reduction Act Notice, see the Instructions	101 FUTTI 990.	Schedule D (Form 990) 2021
132051	10-28-21		

26			
2021.05000	NEW	PHOEBE	HOUSE

Sche		EBE HOUSE				33-1	.023012	2 Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, or C	Other Si	milar Asse	ets _{(contir}	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that m	ake signifi	icant use of it	s		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or ex	change program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explair	how they further	the organization's	s exempt	purpose in Pa	art XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical tre	asures, or other s	similar ass	ets			_
	to be sold to raise funds rather than to be ma				<u></u>		Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the organizat	on answered "Ye	es" on For	m 990, Part l	V, line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for contributio	ns or other asset	s not inclu	ıded			
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII				_				
					[Amoun	t	
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 Fe	orm 990, Part X, line	21, for escrow or o	custodial account	t liability?		Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i					.			
		(a) Current year	(b) Prior year	(c) Two years t	Dack (d)	Three years ba	ck (e) Four	years	раск
1 a	Beginning of year balance								
b	Contributions								
с.	Net investment earnings, gains, and losses			-					
d	Grants or scholarships			-					
е	Other expenditures for facilities								
	and programs			-					
	Administrative expenses								
g	End of year balance Provide the estimated percentage of the curr	iont year and balance	line 1 a column (
2	Board designated or quasi-endowment	•	%	a)) helu as.					
a b	Permanent endowment								
		<u> </u>							
U	The percentages on lines 2a, 2b, and 2c sho	· -							
3a	Are there endowment funds not in the posse		tion that are held a	and administered	for the or	ganization			
	by:	eeren er une er gamma				gainzation]	Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990, P	art X, line	10.			
	Description of property	(a) Cost or o basis (investr	• • •	st or other s (other)	(c) Accur deprec		(d) Boo	k valu	е
1a	Land			14,422.				4,43	
	Buildings			01,250.		3,350.		7,9	
с	Leasehold improvements			61,038.		4,977.		6,0	
d	Equipment			33,513.		1,620.		1,8	-
	Other			22,285.	22	2,285.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	X <u>. column (B). line</u>	10c.)		🕨	46	0,2	76.

Schedule D (Form 990) 2021

132052 10-28-21

16141115 759032 604700.000

Part VII	Invooto	aonte	Othor So	ourition	
Schedule D	(Form 990) 2021	NEW	PHOEBE	HOUSE

Complete if the exception ensured "Ves"	on Form 000 Dort IV/ line	11b Cas Form 000 Dart V line 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of vear market value
	(b) Dook value		or year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Dart IV line	11d Soc Form 000 Part V line 15	
		The See Form 990, Part A, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements th	at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 NEW PHOEBE HOUSE		33-1023012 Page 4
	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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	
с	Recoveries of prior year grants		
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.	<u>)</u>	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	<u>2</u> a	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	,		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2021

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2021	
Department of the Treasury	Attach to Form 990 or Form 990-EZ.							Open to Public	
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest information	on.		Inspection	
Name of the organization	NEW PHO	EBE HOUSE					33-1023		
	complete this part	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations dicitations on have a written c red in Form 990, P) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye:		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total				►					
		n is registered or licensed to solicit c	contrib	utions	or has been notified	it is	exempt from re	egistration	
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Ζ.		Schedul	e G (Form 990) 2021	

132081 10-21-21

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
Revenue			VIRTUAL FALL	OTHER	NONE	
				FUNDRAISING		(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
					,	
	4	Grass respirts	50,108.	13,440.		63,548.
Re	1	Gross receipts	50,100.	13,440.		05,5401
	~	Less Castributions				
	Z	Less: Contributions				
	~		E0 100	12 110		62 540
	3	Gross income (line 1 minus line 2)	50,108.	13,440.		63,548.
		Oracle and the second				
	4	Cash prizes				
	_					
	5	Noncash prizes				
sec						
Den	6	Rent/facility costs				
Ă						
act	7	Food and beverages				
Direct Expenses						
	8	Entertainment				
	9	Other direct expenses	21,341.	553.		21,894.
	10		n 9 in column (d)		▶	21,894.
	11	Net income summary. Subtract line 10 from li				41,654.
Pa				990, Part IV, line 19, or r	eported more than	·
		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
ver						
Ве	4	Cross revenue				
	-	Gross revenue				
	~	Cash prizos				
es	2	Cash prizes				
Direct Expenses	~	Newselland				
ц Д	3	Noncash prizes				
Ğ	_					
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		•	
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	lf "	No," explain:				
		-				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax v	ear?	Yes No
		Yes," explain:			·····	
~		· , - · · · · · · · · · · ·				
)-21-21			Sche	dule G (Form 990) 2021

Schedule G (Form 990) 2021	NEW PHOEBE HOUSE	33-1023012 Page 3
11 Does the organization cor	duct gaming activities with nonmembers?	
	or, beneficiary or trustee of a trust, or a member of a partnership or othe	
	aming?	
13 Indicate the percentage of		
		13 a %
	ss of the person who prepares the organization's gaming/special events	
Name 🕨		
Address 🕨		
15a Does the organization hav	e a contract with a third party from whom the organization receives gan	ning revenue? Yes No
b If "Yes," enter the amount	of gaming revenue received by the organization > \$	and the amount
	d by the third party ▶\$	
c If "Yes," enter name and a		
,		
Name 🕨		
Address 🕨		
16 Gaming manager informat	ion:	
Name 🕨		
Gaming manager compen	sation 🕨 \$	
Description of services pro	bvided	
Director/officer	Employee Independent contractor	
17 Mondaton distributions:		
17 Mandatory distributions:	d under state low to make obsiteble distributions from the coming proc	acada ta
retain the state gaming lic	d under state law to make charitable distributions from the gaming proc	
	ense? putions required under state law to be distributed to other exempt organ	
	t activities during the tax year \blacktriangleright \$	
	Information. Provide the explanations required by Part I, line 2b, c	columns (iii) and (v): and Part III, lines 9, 9b, 10b.
	17b, as applicable. Also provide any additional information. See instruc	
,,,	······································	
132083 10-21-21	32	Schedule G (Form 990) 2021
	34	

Schedule G	6 (Form 990) NEW	PH	IOE	ΒE	HOUSE
Dart IV	Suppla	montal Information	,			

Fartiv	Supplemental Information (continued)	
	Schedule G (Form	990)

16141115 759032 604700.000

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



NEW PHOEBE HOUSE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPACTED BY CHEMICAL DEPENDENCY, HOMELESSNESS, AND TRAUMA. WE HELP

MOTHERS ACHIEVE AND MAINTAIN SAFE REUNIFICATION THROUGH CLEAN AND SOBER

LIVING, HEALING, AND SELF-SUFFICIENCY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SELF-SUFFICIENCY.

FORM 990, PART VI, SECTION A, LINE 2:

THREE OF THE BOARD MEMBERS ARE A MARRIED COUPLE AND THEIR DAUGHTER.

FORM 990, PART VI, SECTION B, LINE 11B:

TAX RETURN WAS REVIEWED AND APRPOVED BY THE EXECUTIVE DIRECTOR PRIOR TO

FILING.

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

THE BOARD REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND SETS THE

COMPENSATION BASED ON THEIR ANALYSIS.

THE EXECUTIVE DIRECTOR REVIEWS THE PERFORMANCE OF OTHER EMPLOYEES AND

REVIEWS COMPARABLE MARKET SALARY SCALES TO SET THEIR COMPENSATION.

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

COPIES OF THE TAX RETURN AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE

ORGANIZATIONS WEBSITE.

Schedule O (Form 990) 2021