### Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

r calendar year 2021, or fiscal year beginning	, 2021, and ending	, 20
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Name of Hiller   WA THERAPY FUND FOUNDATION   EN or SSN	Department of the Treasury Internal Revenue Service		Do not send to the IR	• •	•	<b>202 I</b>
Rame and titlls of officer or person subject to tax    ASHLEY MCGIRT  PRESIDENT  PRILI Type of Return and Return Information  Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only, if you check the box on line 1.4.2, 3a, 4a, 5a, 6a, 7a, 8a, 10 or 10a below, and the amount on that line for the return being filled with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0.). But, if you entered -0 on the return, then enter -0 on the applicable line below. Do not complete more than one line in Pole 22 heck here			- GO to www.iis.gov/rorm88	rate for the latest information		I N
Name and title of officer or person subject to tax    ASILEY MGGIRT PRESIDENT  Part   Type of Return and Return Information  Check the box for the return for which you are using this Form 8879 TE and enter the applicable amount, if any, from the return. Form 8039-CP and 507 files may enter dollars and cents. For all other forms, enter whole dollars only, if you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 10 float below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 10b files in Fort   1 float files   1 float fil		תאוזם עסגםי	FOIINDATTON			
PRESIDENT Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 5a, 7a, 7a, 8a, 10, 700 flowers and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 5a, 7a, 7a, 8a, 10, 700 flowers in a part of the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 3b, 9b, 7b, 8b, 7b, 8					05 2	1007040
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10s Form 8038-CP check here	whichever is applicable, be than one line in Part I.  1a Form 990 check 2a Form 990-EZ che 3a Form 1120-POL 4a Form 990-PF che 5a Form 8868 check 6a Form 990-T check 7a Form 4720 check 8a Form 5227 check	here	b Total revenue, if any (Fob Total tax (Form 1120-PC) b Tax based on investme b Balance due (Form 8868) b Total tax (Form 990-T, PC) b Total tax (Form 4720, PC) b FMV of assets at end of	e return, then enter -0- on the approximation (A), line (A), line (B), line	pplicable line below the 12)	237,257  2b  3b  4b  5b  6b  7b  8b
10a   Form 8038-CP check here	9a Form 5330 check	k here 🕨 🔲	<b>b Tax due</b> (Form 5330, Pa	rt II, line 19)		9b
Under penalties of perjury, I declare that						
of entity)	Part II Declara	tion and Signa	ture Authorization of Of	ficer or Person Subject	to Tax	
ERO firm name  Enter five numbers, but do not enter all zeros  as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Signature of officer or person subject to tax  Part III  Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	complete. I further declare intermediate service provi acknowledgement of rece of any refund. If applicable	e that the amount in ider, transmitter, or eipt or reason for rej e, I authorize the U.	n Part I above is the amount sh electronic return originator (ER lection of the transmission, <b>(b)</b> S. Treasury and its designated	own on the copy of the electron O) to send the return to the IRS the reason for any delay in proc Financial Agent to initiate an ele	ic return. I consent and to receive from cessing the return dectronic funds with	t to allow my m the IRS <b>(a)</b> an or refund, and <b>(c)</b> the dat ndrawal (direct debit)
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Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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 number (TIN) print WA THERAPY FUND FOUNDATION 85-2607648 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 4501 15TH AVE S #102 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions SEATTLE, WA 98108-1873 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) ASHLEY MCGIRT The books are in the care of ► 4501 15TH AVE S, SUITE 102 - SEATTLE, WA 98108-1873 Telephone No. ▶ (253) 205-4234 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or \_\_\_ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

#### 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)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

AF	or the	2021 calendar year, or tax year beginning and	enaing		
<b>B</b> c	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres	WA THERAPY FUND FOUNDATION		_	
	Name change	Doing business as		85-26076	48
	□Initial □return □Final		Room/suite	E Telephone number 253-205-	
	⊒return/ termin-	4501 15TH AVE S #102			237,257.
	ated □Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	
	∐return ∏Applica	SEATTLE, WA 98108-1873		H(a) Is this a group re	
	⊥tion pending	Finame and address of principal officer: ASALET MCGIKI	for subordinates		
_	_	SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status: X 501(c)(3)	or 527	<b>∃</b> ′	list. See instructions
		E ► WWW.WATHERAPYFUND.COM	T	H(c) Group exemptio	
		organization: X Corporation  Trust  Association  Other ►  Summary	L Year	of formation: ZUZU  N	1 State of legal domicile: WA
Гс		<u>-</u>	שמר שמר		
ě		Briefly describe the organization's mission or most significant activities: SUPPOBLACK CLINICIANS WHO WILL SERVE THIS COMM			USIS OF
Activities & Governance					
ern	l	Check this box  if the organization discontinued its operations or dispos		_	_
Š	l			3	7
æ		Number of independent voting members of the governing body (Part VI, line 1b)			4
ies		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			0
ΞĶ		otal number of volunteers (estimate if necessary)			
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.
	l d	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
ě	8 (	Contributions and grants (Part VIII, line 1h)		95,527.	237,246.
en	9 F	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		3.	11.
_	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		95,530.	237,257.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,000.	12,670.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	168,155.
Expenses	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)		46,500.	0.
хb	b∃	otal fundraising expenses (Part IX, column (D), line 25)		400	60
ш	'' \	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		480.	62,555.
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		49,980.	243,380.
	19 F	Revenue less expenses. Subtract line 18 from line 12		45,550.	-6,123.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
set	20 7	otal assets (Part X, line 16)		40,191.	61,680.
of A	21	otal liabilities (Part X, line 26)		0.	25,289.
Ž∄	22 1	Net assets or fund balances. Subtract line 21 from line 20		40,191.	36,391.
	ırt II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Signature of officer		I Date	
Sigr		,		Date	
Her	е	ASHLEY MCGIRT , PRESIDENT  Type or print name and title			
				Date Check	DTIN
		Print/Type preparer's name Preparer's signature		: -	PTIN
Paid -			CPA 1	1/14/22 self-employ	<u>₽00089258</u>
		Firm's name BRANTLEY JANSON	0.1	Firm's EIN ▶	91-0998786
Use	Only	Firm's address > 909 SOUTH 336TH STREET - SUITE 2	UΤ		2 020 2404
		FEDERAL WAY, WA 98003		Phone no. 25	3-838-3484
Мау	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

ı a	Statement of Frogram dervice Accomplishments	77										
	· · · · · · · · · · · · · · · · · · ·	X										
1	Briefly describe the organization's mission:  THE MISSION OF THE WA THERAPY FUND IS TO ALLEVIATE THE BURDEN OF COST  AND BURDEN OF DISCOUNT TO BOTH BLACK CLIENTS AND THE THERAPIST WHO											
	SERVE THEM. THE WA THERAPY FUND FOUNDATION SEEKS TO GRANT FREE											
	THERAPEUTIC SERVICES TO THOSE WITHIN THE BLACK COMMUNITY WHO ARE IN											
2	Did the organization undertake any significant program services during the year which were not listed on the											
2	T	No										
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	NO										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X	No										
3	If "Yes," describe these changes on Schedule O.	INO										
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.											
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and											
	revenue, if any, for each program service reported.											
4a	161 226 10 670											
ти	SUPPORT THE TUITION COSTS OF BLACK CLINICIANS WHO WILL SERVE THIS	— ′										
	COMMUNITY.											
4b	(Code:) (Expenses \$											
		— ′										
4c	(Code:) (Expenses \$	)										
4d	Other program services (Describe on Schedule O.)											
	(Expenses \$ including grants of \$ ) (Revenue \$											
<u>4e</u>	Total program service expenses ► 161,336.											
	Form <b>990</b> (2	2021)										

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	X	
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		<del></del>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			<b>.</b>
	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
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
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12u		<del></del>
D		12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Pid the approximation projection on office and because the state of the United Obstaco			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	l		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

Form 990 (			THERAPY		
Part IV	Checklist	of Requir	ed Schedule	s (contin	ued)

	·		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
	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		
	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	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		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		<u> </u>
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			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
04	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	34		Х
25.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С				77
	(gambling) winnings to prize winners?	1c	000	(2021)

WA THERAPY FUND FOUNDATION 85-2607648 Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

> 6 Form **990** (2021) 2021.05000 WA THERAPY FUND FOUNDATIO 915800.1

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069

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.

500	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management						[X]				
Sec	tion A. Governing Body and Management										
		۱.	1	7		Yes	No				
па	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		$\dashv$							
	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.			ᆲ							
b	Enter the number of voting members included on line 1a, above, who are independent	1b									
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	[	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		[	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			[							
	more members of the governing body?				7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			¨							
	persons other than the governing body?				7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			·							
	The governing body?	-	•		8a	Х					
b					8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			"	OD						
9					9		Х				
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		21				
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)			V					
40				ſ	40	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?			}	10a						
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,		10b						
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe								
	on Schedule O how this was done			.	12c	X					
13	Did the organization have a written whistleblower policy?				13	X					
14	Did the organization have a written document retention and destruction policy?				14	X					
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			[	15a		X				
	Other officers or key employees of the organization				15b		X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a	I							
	taxable entity during the year?				16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			·							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	· ·								
	exempt status with respect to such arrangements?			- 1	16b						
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►WA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	וא ממח	T (section 501(c)	(3)c	only) /	availak					
10	for public inspection. Indicate how you made these available. Check all that apply.	ia 990	1 (30001011 30 1(0)	(0)3	orny) a	avanak	510				
			ob a study O'								
40	(- )		,	o:!	fi · ·	اما					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	i ii ii iCt (	niterest policy,	and	ıınanc	ial					
	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 boo	ks and	d records								
	ASHLEY MCGIRT - (253) 205-4234										
	4501 15TH AVE S, SUITE 102, SEATTLE, WA 98108-1873	5									

Form **990** (2021)

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

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

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

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

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

<b>(A)</b> Name and title	(B) Average hours per week	box offi	not c	Pos heck i ss per	more rson i	than of s both or/trus	n an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensatior from the organization and related organizations
(1) ASHLEY MCGIRT	40.00								_	
PRESIDENT/FOUNDER	10.00	Х		Х				71,341.	0.	0
(2) ELIZABETH LACER	40.00									
TREASURER	4 00	Х		Х				59,478.	0.	0
(3) DEAUNTE DAMPER	4.00	.,							0	
VICE PRESIDENT	4 00	Х	_	Х				0.	0.	0
(4) DARYLLLYN HARRIS-WALLER SECRETARY	4.00	х		х				0.	0.	0
(5) CHALON L. ERVIN	4.00	Λ		^				0.	0.	
BOARD MEMBER	4.00	Х		х				0.	0.	C
(6) DANIELLE HENRY	4.00	25		25				•	•	
BOARD MEMBER	100	х						0.	0.	0
(7) JULIE DAVIDSON	4.00									
BOARD MEMBER		Х						0.	0.	0
		-								

Form **990** (2021)

85-2607648

ı aı	Section A. Officers, Directors, Trus	tees, Key Emp	<u>ارooر</u>	<u>ees,</u>	<u>, anc</u>	High	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per	Average Posit (do not check m box, unless pers						( <b>D)</b> Reportable compensation	(E) Reportable compensation	,		(F) stimate nount	
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer B	Key employee	Highest compensated Signated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS0 1099-NEC)		fr org an	other pensatiom the anization d relation	e ion ed
			-											
			-											
			_											
			-											
	Subtotal	<u> </u>		<u> </u>	<u> </u>			<b>&gt;</b>	130,819.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)							<b>&gt;</b>	130,819.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	io re	eceived more than \$100,	000 of reportable				0
3	Did the organization list any <b>former</b> officer,	director trust	00 1	.0	omol	0.40	0.01	hia	shoot componented amp	ovoc on	۱		Yes	No
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•					•	J		4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	· · · · · · · · · · · · · · · · · · ·				-						5		Х
Sec 1	tion B. Independent Contractors  Complete this table for your five highest co										ensat	ion fro	om	
	the organization. Report compensation for (A)	•	-							•		((		
	Name and business	address	NC	ONE	3				Description of s	ervices	С		nsatio	n
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization)		ot lin	nited	tot b		se lis	ted	above) who received mo	ore than				
							_					Form	990 <sub>(2</sub>	2021)

132008 12-09-21

Form 990 (2021) Par

ıue
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		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							000110110 0 12 0 1 1
nts		Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
s, (	С	Fundraising events 1c					
E a	d	Related organizations1d					
S, (	е	Government grants (contributions) 1e					
is is	f	All other contributions, gifts, grants, and					
he l		similar amounts not included above 1f	237,246.				
불다	a	Noncash contributions included in lines 1a-1f	•				
Ν	_	Total. Add lines 1a-1f	<b>•</b>	237,246.			
0 10		Total. Add lines 1a-11	Business Code	23772101			
	_		Busiliess Code				
<u>6</u>	2 a						
e 🗹	b						
Program Service Revenue	С						
an	d						
Pg B	е						
P.	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
	Ū	other similar amounts)		11.			11.
	4	Income from investment of tax-exempt bond p	•				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	<b>L</b>	Less: cost or other basis					
	b						
Ž		and sales expenses 7b					
ther Revenue		Gain or (loss) <b>7c</b>	L				
æ		Net gain or (loss)	<u></u>				
þe	8 a	Gross income from fundraising events (not					
ᅙ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	<b>L</b>						
		` ' " " "	<u> </u>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10k	o e				
	С	Net income or (loss) from sales of inventory	<b>)</b>				
<u>,</u> T			Business Code				
Snc	11 a						
ne Tue	b						
¥er Ver	C						
Miscellaneous Revenue	ن	All other revenue					
Ξ	a						
		Total. Add lines 11a-11d		227 257	^	^	11
	12	Total revenue. See instructions	<u></u>	237,257.	0.	0.	11.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 12,670. 12,670. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 32,705. 32,705. 130,818. 65,408. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 23,514. 23,514. persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 13,823. 7,965. 2,929. 2,929. 10 Payroll taxes Fees for services (nonemployees): Management Legal 4,192. 4,192. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 2,498. 3,569. 1,071 Advertising and promotion 12 4,594. 2,298. 1,148. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization 22 561. 561. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 18,446. 18,446. CONTRACTORS 18,109. 18,109. THERAPY SESSIONS FOR CL 7,180. 7,180. REIMBURSEMENTS 3,248. 3,248. TRAINING 2,656. 2,656. All other expenses 243,380. 161,336. 44,191. 37,853. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

Par	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			38,138.	1	49,626
	2	Savings and temporary cash investments				2	10,001
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B) L		6	
က္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,200.			
	b	Less: accumulated depreciation	10b	147.	2,053.	10c	2,053
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	qual line 3	3)	40,191.	16	61,680
	17	Accounts payable and accrued expenses				17	25,289
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	te Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or fo					
ĕ∣		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-24)	. Complete Part X			
		of Schedule D		<u> </u>		25	05 000
	26	Total liabilities. Add lines 17 through 25			0.	26	25,289
ű		Organizations that follow FASB ASC 958, c	heck her	₽ ▶ ☐ ☐			
če		and complete lines 27, 28, 32, and 33.					
alar	27					27	
B	28	Net assets with donor restrictions				28	
ŭ		Organizations that do not follow FASB ASC	958, che	eck here  X			
F F		and complete lines 29 through 33.			40 101		26 201
ţ	29	Capital stock or trust principal, or current fund			40,191.	29	36,391
sse	30	Paid-in or capital surplus, or land, building, or			0.	30	0
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			0.	31	26 201
Š	32	Total net assets or fund balances		1	40,191.	32	36,391
	33	Total liabilities and net assets/fund balances			40,191.	33	61,680

Form **990** (2021)

Form **990** (2021)

132012 12-09-21

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

**Employer identification number** 

#### Name of the organization THERAPY FUND FOUNDATION 85-2607648 WΑ Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Calendar year (or fiscal year beginning in)  I Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  A mounts from line 4  B Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on	14,032. 318,739.						
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract lines from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the	14,032. 318,739.						
include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the	14,032. 318,739.						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the	14,032. 318,739.						
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 95,524. 237,247.  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4 95,524. 237,247.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the	14,032. 318,739.						
or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)   A Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the	14,032. 318,739.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)   3 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the	14,032. 318,739.						
furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3	14,032. 318,739.						
the organization without charge  4 Total. Add lines 1 through 3 95,524 237,247.  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021  7 Amounts from line 4 95,524 237,247.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 11.  9 Net income from unrelated business activities, whether or not the	14,032. 318,739.						
4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)   7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the	14,032. 318,739.						
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021  7 Amounts from line 4 95, 524 237, 247 .  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 111.	14,032. 318,739.						
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the	(f) Total						
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021  7 Amounts from line 4 95,524 237,247 .  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 111.	(f) Total						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)   7 Amounts from line 4   8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   9 Net income from unrelated business activities, whether or not the	(f) Total						
on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021  7 Amounts from line 4 95,524 237,247 .  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 11.  9 Net income from unrelated business activities, whether or not the	(f) Total						
amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021  7 Amounts from line 4 95,524. 237,247.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 11.  9 Net income from unrelated business activities, whether or not the	(f) Total						
column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021  7 Amounts from line 4 95,524 237,247.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 11.  9 Net income from unrelated business activities, whether or not the	(f) Total						
6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021  7 Amounts from line 4 95,524 237,247 .  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 111.  9 Net income from unrelated business activities, whether or not the	(f) Total						
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021  7 Amounts from line 4 95,524. 237,247.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 11.  9 Net income from unrelated business activities, whether or not the	(f) Total						
Calendar year (or fiscal year beginning in)   (a) 2017  (b) 2018  (c) 2019  (d) 2020  (e) 2021  7 Amounts from line 4  9 5 , 5 2 4 . 2 3 7 , 2 4 7 .  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the	(f) Total 332,771.						
7 Amounts from line 4 95,524. 237,247.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 111.	(f) Total 332,771.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the	332,771.						
dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the							
securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the							
and income from similar sources  9 Net income from unrelated business activities, whether or not the							
9 Net income from unrelated business activities, whether or not the	1.1						
activities, whether or not the	11.						
business is regularly carried on							
10 Other income. Do not include gain							
or loss from the sale of capital							
assets (Explain in Part VI.)	332,782.						
11 Total support. Add lines 7 through 10	334,704.						
12 Gross receipts from related activities, etc. (see instructions)							
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	<b>&gt;</b> X						
organization, check this box and stop here							
14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	%						
15 Public support percentage for 2021 (life 6, coldriff (f), divided by life 11, coldriff (f))  15 Public support percentage from 2020 Schedule A, Part II, line 14  15	<del>%</del>						
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box							
stop here. The organization qualifies as a publicly supported organization							
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
and <b>stop here.</b> The organization qualifies as a publicly supported organization							
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%							
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organi							
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶□						
more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the	b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruction	<b></b> ▶□						

Schedule A (Form 990) 2021

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

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
<b>11</b> N a	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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

	Yes	No
1		
2		
За		
3b		
3с		
- 55		
4a		
40		
4,		
4b		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
9b		
9с		
_		
10a		
104		
406		
10b	- 000	0001
ile A (Forn	n 990)	2021

Par	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
b	A family member of a person described on line 11a above?	lb		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what contained or rectifications, if any, applied to each power during the tax year.	1		
	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,			
Caat		2		
Seci	tion C. Type II Supporting Organizations	$\neg$		
			Yes	No
	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			
Soot	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion D. All Type III Supporting Organizations	$\neg$	1	
			Yes	No
	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			
	, , , , , , , , , , , , , , , , , , , ,	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a	-		
	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 <b>Part VI</b> the role the organization's			
		3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		а		
	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			
		b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		а		
	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.

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	·
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):			
a	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		1

Schedule A (Form 990) 2021

\_\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Par	t v   Type III Non-Functionally integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	<u>ued)                                    </u>	
Secti	on D - Distributions		,		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T	Г	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
<u> </u>	From 2018				
d	From 2019				
<u>e</u>	From 2020				
f_	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	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:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number

THERAPY FUND FOUNDATION 85-2607648 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 X 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** 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 \_\_\_\_\_\_ > \$ 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)

Name of organization

Employer identification number

### WA THERAPY FUND FOUNDATION

85-2607648

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MANEESH BATRA & KELLY EVANS  120 LAKESIDE AVE  SEATTLE , WA 98122-6533		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
2	CEDRA DUFLON-HEIDE & MICHAEL LUCE  15600 NE 8TH ST. SUITE #B1-633  BELLEVUE , WA 98008	\$5,000.	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	MADRONA FOUNDATION  1000 2ND AVE 34TH FLOOR  SEATTLE , WA 98104		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
4	WASHINGTON'S WOMEN'S FOUNDATION 2100 24TH AVE S SUITE #330 SEATTLE , WA 98144		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
5	PRIDE FOUNDATION  2014 E MADISON ST, SUITE 300  SEATTLE , WA 98122	\$5,000.	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
123452 11-1	DANILO SORIANO FAMILY FOUNDATION PO BOX 24621 SEATTLE , WA 98124		Person X Payroll

Schedule B (Form 990) (2021)

Name of organization Employer identification number

### WA THERAPY FUND FOUNDATION

85-2607648

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SEATTLE HSD  700 5TH AVE, #5800  SEATTLE , WA 98104	\$115,500.	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
8	SEATTLE FOUNDATION  1601 FIFTH AVENUE, SUITE #1900  SEATTLE , WA 98101	\$\$	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
			Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Hame, address, and Zn + 4	\$	Person Payroll 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

### WA THERAPY FUND FOUNDATION

85-2607648

Part II	t 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			
123/153 11-11.	.21		Schedule B (Form 990) (2021)			

Name of organization Employer identification number

A THE	RAPY FUND FOUNDATION			85-2607648			
Part III		through (e) and the following line	entry. For organization	), or (10) that total more than \$1,000 for the year			
	Use duplicate copies of Part III if additional	space is needed.	, et 1000 io. iiio your (£				
(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, ar	nd ZIP + 4	Relations	hip of transferor to transferee			
(a) No.	(In) Down and of wift	(2) 1100 of wift		(d) December of how wift is held			
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, ar	nd ZIP + 4	Relations	nip 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, ar	nd ZIP + 4	Relations	hip 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, ar	nd ZIP + 4	Relations	hip of transferor to transferee			

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

WA THERAPY FUND FOUNDATION

**Employer identification number** 85-2607648

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Accounts. Complete if the			
	organization answered Tes off offi 550, Fart IV, IIIV	(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 v	writing that the assets held in donor advised fu	ınde			
Ū	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor a					
Ū	for charitable purposes and not for the benefit of the donor or		-			
	• •					
Par						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	<u> </u>			
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a hi	storically important land area			
	Protection of natural habitat	Preservation of a ce	ertified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a	conservation 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						
С	Number of conservation easements on a certified historic stru	ucture included in (a)	_ 2c			
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure				
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele		anization during the tax			
	year ▶					
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing conserva	tion easements during the year			
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year			
_	<b>\$</b>		77.0			
8	Does each conservation easement reported on line 2(d) above					
_	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation	•				
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements	that describes the			
Par	organization's accounting for conservation easements.  rt III   Organizations Maintaining Collections of	Art. Historical Treasures, or Other	Similar Assets.			
	Complete if the organization answered "Yes" on Form					
	If the organization elected, as permitted under FASB ASC 956		alance sheet works			
ıu		•				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
h	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
-	art, historical treasures, or other similar assets held for public	•				
	provide the following amounts relating to these items:		pan,			
	(i) Revenue included on Form 990, Part VIII, line 1		• \$			
2	If the organization received or held works of art, historical trea					
-	the following amounts required to be reported under FASB A	_				
а	Revenue included on Form 990, Part VIII, line 1	_	> \$			
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021			

132051 10-28-21

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

	t III Organizations Maintaining C	ollections of Ar			asures, o	r Other	Simila		(continue	Page Z
3	Using the organization's acquisition, accession								CONTINUE	<i>,</i> u,
_	collection items (check all that apply):	,	,		onormig and		,			
а	Public exhibition	,	d 🗆	Loan or exc	hange progra	am				
b	Scholarly research				nango progre					
c	Preservation for future generations	·								
4	Provide a description of the organization's co	llections and explai	n how th	ev further th	ne organizatio	on's exem	nt purpo:	se in Part	XIII.	
5	During the year, did the organization solicit or							oo iii i ai t	, diii.	
•	to be sold to raise funds rather than to be ma				•				Yes	☐ No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par			- · · · · · · · · · · · · · · · · · · ·				, , .	,	
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for o	contributions	s or other ass	sets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
		•							Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete in	f the organization ar	nswered	"Yes" on Fo	rm 990, Part					
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (	<b>d)</b> Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a)	) held as:					
а	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	·	%								
	The percentages on lines 2a, 2b, and 2c shou	•								
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held ar	nd administer	red for the	e organiza	ation	[v	aa Na
	by:									es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	_
D	If "Yes" on line 3a(ii), are the related organiza								3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vviiie(il T	urius.						
	Complete if the organization answered		D. Part IV	/. line 11a. S	ee Form 990	). Part X. I	ine 10.			
	Description of property	(a) Cost or o			or other	i	cumulate	ed	(d) Book v	value
	Description of property	basis (investi		` '	(other)		reciation		(a) DOOK (	aluc
12	Land	<u> </u>	-7		, ,					
	Land Buildings									
	Leasehold improvements									
	Equipment									
-	Other:				2 200		1.	17	2	053

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	TIADUD FOUNDATI	ON 65	-2607648 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (		T	d afa
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-ot-year market value
(1) Financial derivatives		+	
(2) Closely held equity interests			
(3) Other			
(A)		+	
(B)		+	
(C)		+	
(D)		+	
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes" of	on Form 000 Part IV line	11c Soc Form 900 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
., .	(b) Book value	(c) Method of Valuation. Cost of en	u-oi-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.)			
	on Form OOO Dort IV line	11d Coo Form 000 Port V line 15	
Complete if the organization answered "Yes" (	Description	Tru. See Form 990, Part A, line 15.	(b) Book value
· · · · · · · · · · · · · · · · · · ·	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability	5111 01111 000, 1 411 14, 11110	110 01 111. Geo 1 0111 000, 1 art X, 1110 20	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
			1
(3)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7)			

Schedule D (Form 990) 2021

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

Pai	rt XI Reconciliation of Revenue per Audited	u Filianciai Statements With Revenue	por motarm	
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited finan	cial statements	<u>1</u>	
2	Amounts included on line 1 but not on Form 990, Part VII	II, line 12:		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е	A 1 1 1 1 A 11 1 A 1		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not			
а	Investment expenses not included on Form 990, Part VIII	, line 7b <b>4a</b>		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form	990. Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audite	-	s per Heturn.	
	Complete if the organization answered "Yes" on F		<u> </u>	
1	Total expenses and losses per audited financial statemer		1	
2	Amounts included on line 1 but not on Form 990, Part IX,	1 1		
а				
b	Prior year adjustments			
С				
d	,			
е				
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not o	1 1		
	Investment expenses not included on Form 900 Part VIII			
a	1			
b	Other (Describe in Part XIII.)	4b		
b c	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4b		
b c 5	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For	4b		
b c 5 <b>Pa</b> i	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)	5	ΥI
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)  art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,

#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2021
Open to Public

Inspection

Name of the organization  WA THERAE	Y FUND FO	TNDATTON					Employer identification number 85-2607648
Part I General Information on Grants a		UNDALION					03 2007040
Does the organization maintain records criteria used to award the grants or assi     Describe in Part IV the organization's pr  Part II Grants and Other Assistance to	stance?ocedures for monit	oring the use of grant	funds in the United	l States.			X Yes No
recipient that received more than					amzation anowered	100 0111 01111 000, 1 41	11V, 1110 21, 101 arry
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ASIAN PACIFIC ISLANDER COMMUNITY LEADERSHIP FOUNDATION - 1414 S	04 2054050	2	10.000				SUPPORT THE LEADERSHIP AND CIVIC ENGAGEMENT OF
WELLER ST - SEATTLE, WA 98144	91-2054078	3	10,000.	0.			ASIAN PACIFIC ISLANDERS
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization							

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Schedule I (Form 990) 2021

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistar
Supplemental Information. Provide the information.	tion required in Part I, line	e 2; Part III, columi	n (b); and any other ad	ditional information.	

#### SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

WA THERAPY FUND FOUNDATION

Employer identification number 85-2607648

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SERVED DURING 2021. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND SUFFERING FROM RACIAL TRAUMA, ANXIETY, DEPRESSION, AND OTHER AILMENTS DUE TO SYSTEMIC OPPRESSION, ECONOMIC SUFFERINGS, INTERGENERATIONAL TRAUMA THAT HAS NOT BEEN ADDRESSED IN THE PAST. WA THERAPY FUND ALSO AIMS TO SUPPORT THE TUITION COSTS OF BLACK CLINICIANS WHO WILL SERVE THIS COMMUNITY. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS MADE AVAILABLE FOR THE BOARD TO REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY MONITORS THE CONFLICT OF INTEREST POLICY FOR CONFLICTS WHICH MAY ARISE. BOARD MEMBERS ARE REQUIRED TO SHARE IF THEY HAVE CONFLICT OF INTEREST WITH A MATTER AND ARE NOT ALLOWED TO VOTE ON AN ISSUE WHERE THE MEMBER MAY HAVE A CONFLICT OF INTEREST. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY THE WA THERAPY FUND FOUNDATION OFFICE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

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Schedule O (Form 990) 2021

2,323.

OPENING BALANCE EQUITY

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation

<sup>128111 04-01-21</sup> 

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone