Form	990
FOIIII	220

Department of the Treasury Internal Revenue Service

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

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

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

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



AF	or the	e 2021 calendar year, or tax year beginning and	ending		
B C	heck if pplicabl	e: C Name of organization		D Employer identific	ation number
	Addre	e   PARINERS RELIEF & DEVELOPMENT			
	Name Chang			22-378680	)6
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final Final	583 ADA DRIVE SE, SUITE 103		909-748-5	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,941,058.
	Amen	ADA, MI 49301		H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: SIEVE GOMAER		for subordinates	? Yes X No
		SAME AS C ABUVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X 501(c)(3) 501(c)( ) < (insert no.) 4947(a)(1)$	or 527	• *	list. See instructions
		te: WWW.PARTNERS.NGO		H(c) Group exemption	
	_	organization: X Corporation Trust Association Other	L Year	of formation: 2001 N	I State of legal domicile: ${f NV}$
Ра	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: PROV			CATION, AND
anc		ACCESS TO HEALTHCARE FOR CHILDREN AFFECTE			
Activities & Governance	2	Check this box			
30V	3				<u> </u>
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			6 14
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			14
tivit		Total number of volunteers (estimate if necessary)			0.
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		
		Contributions and grants (Dort )/III line 1h)		Prior Year 3,771,406.	<u>Current Year</u> 5,671,659.
an	8 9	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		143.	977.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,073.	253,695.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,773,622.	5,926,331.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,104,434.	2,383,732.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,118,836.	1,347,932.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben	b	Total fundraising expenses (Part IX, column (D), line 25) <b>351, 4</b>	48.		
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		452,683.	506,290.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,675,953.	4,237,954.
	19	Revenue less expenses. Subtract line 18 from line 12		97,669.	1,688,377.
or				ginning of Current Year	End of Year
sets ilanc	20	Total assets (Part X, line 16)		1,455,172.	3,138,845.
Net Assets or und Balances	21	Total liabilities (Part X, line 26)		44,984.	43,226.
Func	22	Net assets or fund balances. Subtract line 21 from line 20		1,410,188.	3,095,619.

Part II Signature Block

T,

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

Sign Here	Signature of officer         GREGG PRICKETT, CHAIRP         Type or print name and title	ERSON	I	Date				
Paid	Print/Type preparer's name <b>KEVIN RICKMAN</b>	Preparer's signature	Date	Check PTIN if self-employed P01240896				
Preparer	Firm's name 🕒 BROCK AND COMPAN	Y, CPAS, P.C.		Firm's EIN 🕨 84-0930288				
Use Only	Firm's address 900 S. MAIN STRE LONGMONT, CO 805		Phone no. 303 - 776 - 2160					
May the II	May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-0	2001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)							

	1990 (2021) PARTNERS RELIEF & DEVELOPMENT	22-3786806	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	ENSURING CHILDREN AND COMMUNITIES AFFECTED BY WAR ARE AND HAVE ACCESS TO EDUCATION.	SAFE, HEALTHY,	
	AND HAVE ACCESS TO EDUCATION:		
2	Did the organization undertake any significant program services during the year which were not listed on th	e	
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, a	nd
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$3,528,765. including grants of \$2,383,732.)		208.)
48	THROUGH HOLISTIC ACTION WE DEMONSTRATE GOD'S LOVE TO V	Revenue \$	200.)
	CONFLICT AND OPPRESSION.	1011110 01	
4b	(Code:) (Expenses \$ including grants of \$)	Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 3,528,765.	,	
			200

Form 990 (				&	DEVELOPMENT
Part IV					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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		<u>X</u>
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		<u> </u>
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	<u>11a</u>	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	v
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		15	х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>			- 23
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions			
10		18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		
13		19		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
zua b		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u> </u>	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		х
	democra gerenmont entrarent, column (y, mort II Tes, complete Schedule I, Faits I allu II	<u> </u>		

Form	990	(2021)
FUIII	990	(2021)

			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 X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	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	37	X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
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 X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	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			- v
<b>0</b> -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
30	Nate: All Form 000 filers are required to complete Schedule 0	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	00	23	I
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		

(gambling) winnings to prize winners? 132004 12-09-21

Х Form 990 (2021)

1c

Form	1990 (2021) PARTNERS RELIEF & DEVELOPMENT 22-3786	806	P	age <b>5</b>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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?	5a		Х
b		5b		X
c		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
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).	0.0		
'a		7a		х
b		7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
U	to file Form 8282?	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e		7e		
f		7e 7f		
g		7g		
9 h		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a		9a		
b		9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b				
11	Section 501(c)(12) organizations. Enter:			
a				
b				
	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				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с				
14a		14a		Х
b		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

132005 12-09-21

Form 990 (2021)
-----------------

#### PARTNERS RELIEF & DEVELOPMENT

22-3786806 Page **6** 

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. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a		12a	X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-		х
40	on Schedule O how this was done	12c 13	x	
13	Did the organization have a written whistleblower policy?	13	X	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	- 23	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The eventication is OFO. Eventuing Directory on the memory and afficial	15a	х	
	Other officers or key employees of the organization	15a		Х
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records <b>THE ORGANIZATION</b> – 909-748-5810			

583	ADA	DRIVE	SE,	SUITE	103,	ADA,	MI	49301
-----	-----	-------	-----	-------	------	------	----	-------

Form 990 (2021) PARTNERS RELIEF & DEVELOPMENT	22-3786806	Page <b>7</b>
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
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 wit	th or within the organization'	s tax year.
• List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regard Enter -0- in columns (D), (E), and (F) if no compensation was paid.	dless of amount of compens	sation.
• List all of the organization's current key employees, if any. See the instructions for definition of "key employ	/ee."	
<ul> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee, or able 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 org</li> </ul>		
<ul> <li>List all of the organization's former officers, key employees, and highest compensated employees who rece reportable compensation from the organization and any related organizations.</li> </ul>	vived more than \$100,000 of	F

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

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

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

Name and title     Average hours per week (lst ary line)     Average (conclusion marks more that one more weak arctinizations of arctinizations below line)     Reportable and arctinizations organizations (W2/1099/NEC)     Estimated amount of the organizations (W2/1099/NEC)     Standard of another and arctinizations organizations (W2/1099/NEC)     Estimated amount of the organizations (W2/1099/NEC)       (1) STEVE GUMAR     40.00     x     x     143,176.     0.     6,000.       (2) GREOG FRICKETT     4.00     x     x     0.     0.     0.       (3) MERI BATEMAN     2.00     x     x     0.     0.     0.       (4) CHRIS SCOTT     2.000     x     x     0.     0.     0.       (5) ALETA HELLNIGS     2.000     x     0.     0.     0.     0.       (6) CHRIS JENINGS     2.000     x     0.     0.     0.     0.       DIRECTOR     2.000     x     98,432.     0.     11,865.       DIRECTOR     2     2     2     2     2     2     2       DIREC	(A)	(B)	(C) Position						(D)	(E)	(F)
(iist any hours for related organizations below line)ist and related organization below line)the organization (W-2/1099-MISC/ 1099-NEC)organizations (W-2/1099-MISC/ 1099-NEC)compensation from the organization and related organizations(1) STEVE GUMAER CEO40.00 XXX143,176.0.6,000.(2) GREGG PRICKETT (3) MIKKI BATEMAN BOARD SECRETARY4.00 XXX0.0.0.(3) MIKKI BATEMAN BOARD SECRETARY2.000 XXX0.0.0.0.DIRECTORXXX0.0.0.0.0.(5) ALETA HELLWIG DIRECTOR2.000 XX0.0.0.0.0.(7) RUDY WOERNDEL DIRECTOR2.000 XX0.0.0.0.0.(6) JENN TENDERO2.000 XX0.0.0.0.0.(7) RUDY WOERNDEL DIRECTOR2.000 XX0.0.0.0.(6) JENN TENDERO40.0040.000.0.0.0.0.	Name and title		box	(do not check more than one box, unless person is both an			than o s both	n an		•	
(1) STEVE GUMAER       40.00       X       X       143,176.       0.       6,000.         (2) GREGG PRICKETT       4.00       X       X       0.       0.       0.       0.         (1) STEVE GUMAER       4.00       X       X       X       143,176.       0.       6,000.         (2) GREGG PRICKETT       4.00       X       X       0.       0.       0.       0.         (3) MIKKI BATEMAN       2.00       X       X       0.       0.       0.       0.         BOARD SECRETARY       X       X       0.       0.       0.       0.       0.         (4) CHRIS SCOTT       2.00       X       X       0.       0.       0.       0.         DIRECTOR       2.00       X       X       0.       0.       0.       0.         (5) ALETA HELLWIG       2.00       X       0.		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	compensation from the organization and related
(2) GREGG PRICKETT       4.00       X       X       0.       0.       0.         CHAIRPERSON       X       X       X       0.       0.       0.       0.         (3) MIKKI BATEMAN       2.00       X       X       0.       0.       0.       0.         BOARD SECRETARY       X       X       0.       0.       0.       0.       0.         (4) CHRIS SCOTT       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       2.00       X       0.       0.       0.       0.       0.         (5) ALETA HELLWIG       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       2.00       X       0.       0.       0.       0.       0.         (6) CHRIS JENNINGS       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (7) RUDY WOERNDEL       2.00       X       0.       0.       0.       0.       0.       0.       0.         (8) JENN TENDERO       40.00       0 </td <td></td> <td>40.00</td> <td>x</td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td>143,176.</td> <td>0.</td> <td>6,000.</td>		40.00	x		x				143,176.	0.	6,000.
(3) MIKKI BATEMAN       2.00       X       X       0.       0.       0.         BOARD SECRETARY       X       X       X       0.       0.       0.       0.         (4) CHRIS SCOTT       2.00       X       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         (5) ALETA HELLWIG       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (6) CHRIS JENNINGS       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (7) RUDY WOERNDEL       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (8) JENN TENDERO       40.00       0       0       0       0       0       0       0		4.00									
(4) CHRIS SCOTT       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       <		2.00	A		<u> </u>				0.	0.	0.
DIRECTOR       X       0.       0.       0.       0.         (5) ALETA HELLWIG       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (6) CHRIS JENNINGS       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (7) RUDY WOERNDEL       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (3) JENN TENDERO       40.00       0       0       0       0       0       0			x		х				0.	0.	0.
DIRECTOR         X         0. <t< td=""><td></td><td>2.00</td><td>x</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>		2.00	x						0.	0.	0.
(6) CHRIS JENNINGS       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (7) RUDY WOERNDEL       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (3) JENN TENDERO       40.00       0       0       0       0.       0.       0.		2.00	x						0.	0.	0.
(7) RUDY WOERNDEL         2.00         X         0.	(6) CHRIS JENNINGS	2.00									
DIRECTOR         X         0. <t< td=""><td></td><td>2 00</td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>		2 00	Х						0.	0.	0.
(8) JENN TENDERO 40.00		2.00	х						0.	0.	0.
Image: state bit		40.00			v				08 432	0	
			•						90,432.		11,005.
			-								
			•								
			-								
			-								

	90 (2021) PARTNERS	RELIEF	&	DE	IVE	LC	PM	EN	T	22-37	<u>7868</u>	806	P	age <b>8</b>
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	Pos heck ss per	more rson i	than o s both r/trus	n an	<b>(D)</b> Reportable compensation from	(E) Reportable compensatio from related	n	am	(F) timate iount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fro orga and	pensa om th anizat d relat nizati	e ion ed
1h S	Subtotal								241,608.		0.	1'	7.8	65.
сT	otal from continuation sheets to Part VI otal (add lines 1b and 1c)	, Section A							<u> </u>		0.			0.
<b>2</b> T	otal number of individuals (including but n compensation from the organization							o re		000 of reportable			, -	1
													Yes	No
	Did the organization list any <b>former</b> officer,	-			•			Ŭ	• •			3		х
<b>4</b> F	ne 1a? <i>If "Yes," complete Schedule J for si</i> for any individual listed on line 1a, is the su nd related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		4		X
<b>5</b> D	Did any person listed on line 1a receive or a endered to the organization? <i>If</i> "Yes," com	ccrue compen	sati	on fi	rom	any	unre	elate	ed organization or individ	lual for services		5		x
	on B. Independent Contractors	piele Schedule	<u>,                                    </u>	orsi	<u>ICH </u>	oers	011 .				<u></u>	5		
	Complete this table for your five highest con he organization. Report compensation for t	•	•							•	oensati	on fro	m	
	(A) Name and business			ONE					(B) Description of s		Cc	(C omper		n
	otal number of independent contractors (in 100.000 of compensation from the organiz	-	ot lin	niteo	d to f	thos (		ted	above) who received mo	ore than				

						ELI	EF & DEV	ELOPMENT		22-3786	806 Page <b>9</b>
Pa	rt V	111	Statement of Re	ven	ue						
			Check if Schedule O	conta	ins a respo	onse	or note to any lir				
								(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue		business revenue	from tax under
											sections 512 - 514
ស ស	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues					1			
ΩĔ			Fundraising events								
r As			Related organizations								
ig ig							75,607.				
Sins			Government grants (contr		· ·		15,007.	-			
erio		т	All other contributions, gifts,			F					
ēŧ			similar amounts not included				<u>596,052.</u>	-			
a di		-	Noncash contributions included in				361,000.				
<u>ų č</u>		h	Total. Add lines 1a-1f				1	<u>5,671,659.</u>			
							Business Code				
e	2	а									
e či		b									
s s		с									
eve		d									
Program Service Revenue		е									
Pro		f	All other program service	rever	nue						
			Total. Add lines 2a-2f								
	3	9	Investment income (includ								
	5							529.			529.
			other similar amounts)					525.			525.
	4		Income from investment o		-			252 407			252 107
	5		Royalties		<i></i>	<u></u>		253,487.			253,487.
					(i) Rea	l	(ii) Personal				
	6	а	Gross rents	6a				-			
		b	Less: rental expenses $\dots$	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss	s) <u></u>			🕨				
	7	а	Gross amount from sales of		(i) Securi	ties	(ii) Other				
			assets other than inventory	7a	44	48.					
		b	Less: cost or other basis					1			
ē			and sales expenses	7b		Ο.					
venue		c	Gain or (loss)	7c	44	48.					
0			Net gain or (loss)				<b></b>	448.			448.
Other R			Gross income from fundraisi			·····					
Ę	0	a		-							
0			including \$								
			contributions reported on		,						
			Part IV, line 18					-			
			Less: direct expenses								
			Net income or (loss) from		-		<u></u>				
	9	а	Gross income from gamin	ng act	ivities. See	)					
			Part IV, line 19								
		b	Less: direct expenses								
			Net income or (loss) from				►				
			Gross sales of inventory, I	-	-						
		-	and allowances			10=	12,553.				
		h	Less: cost of goods sold				14,727.				
			Net income or (loss) from			-		-2,174.	-2,174.		
		U		Salts	orinvento	чу	Business Code				
sr		_					900099	2,382.	2,382.		
eor	11		OTHER INCOME				300033	4,304.	4,304.		
lan		b									
Miscellaneous Revenue		С									
Ais			All other revenue								
_		е	Total. Add lines 11a-11d		<u></u>		►	2,382.		-	
	12		Total revenue. See instruction	ons			►	5,926,331.	208.	0.	254,464.

#### Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses **(D)** Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b, expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 2,383,732. 2,383,732. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 241,608. 21,476. 110,514. 109,618. trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 144,098. Other salaries and wages 973,860. 659,025. 170,737. 7 8 Pension plan accruals and contributions (include 38,750. 26,505. 9,607. 2,638. section 401(k) and 403(b) employer contributions) <u>22,7</u>59. 33,273. 2,265. 8,249. Other employee benefits 9 60,441. 35,274. 13,008. 12,159. 10 Payroll taxes 11 Fees for services (nonemployees): а Management b Legal Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е 290. 290. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, α 146,034. 88,027. 54,258. 3,749. column (A), amount, list line 11g expenses on Sch 0.) 12,047. 18,506. 1,597. 4,862. Advertising and promotion 12 21,338. 17,156. 1,817. 2,365. 13 Office expenses 97,292. 24,082. 29,733. 43,477. Information technology 14 Royalties 15 4,650. 21,681. 11,394. 5,637. 16 Occupancy 70,472. 31,932. 20,182. 18,358. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials .... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 801. 801. Depreciation, depletion, and amortization ..... 22 37,404. 24,650. 12,754. 23 Insurance 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 0.) 66,500. 66,500. OTHER PROGRAM EXPENSES а 13,718. PRINTING AND POSTAGE 9,874. 635. 3,209. h 5,760. 466. TRAINING AND EDUCATION 5,294. С 4,557. 4,557. d MISCELLANEOUS EXPENSES 1,937. 1,937. e All other expenses 4,237,954. 3,528,765. 357,741. 351,448. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

#### 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)

Form 990 (2021)

PARTNERS R	ELIEF &	DEVELO	OPMENT
------------	---------	--------	--------

22-3786806 Page 11

		Check if Schedule O contains a response or no	ote to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			941,358	• 1	2,159,414.
	2	Savings and temporary cash investments		F	254,912		400,217.
	3	Pledges and grants receivable, net			226,802		64,454.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua	-				
		under section 4958(f)(1)), and persons describe				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			27,089	• 8	30,795.
As	9	<b>B</b>			236	• 9	<u>30,795.</u> 16,370.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	24,040.			
	b	Less: accumulated depreciation	10b	<u>24,040.</u> 17,650.	1,828	• 10c	6,390.
	11	Investments - publicly traded securities			•	11	07 050
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,947		0.00.045
	16	Total assets. Add lines 1 through 15 (must eq			1,455,172		
	17	Accounts payable and accrued expenses			44,984		
	18	Grants payable			•	18	
	19	Deferred revenue				19	
	20	<b>-</b>				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-					
ilidi		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	•				
		of Schedule D	,			25	
	26				44,984		10.000
		Organizations that follow FASB ASC 958, ch			•		· · ·
es		and complete lines 27, 28, 32, and 33.					
anc	27				548,014	• 27	2,087,697.
Bala	28				862,174	• 28	
١p		Organizations that do not follow FASB ASC			·		
Ъ		and complete lines 29 through 33.	,				
P	29	Capital stock or trust principal, or current funds	s			29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i				31	
let ,	32	Total net assets or fund balances			1,410,188		0 005 640
Z	33				1,455,172		

Form **990** (2021)

# Form 990 (2021) Part X Balance Sheet

|--|

Form	990 (2021) PARTNERS RELIEF & DEVELOPMENT	22-3	786806	Pag	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,926	5,3	31.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,237	7,9	54.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,688	3,3'	77.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,410	),18	88.
5	Net unrealized gains (losses) on investments	5	-2	2,94	46.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,095	5,6	19.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

١

Department of the Treasury Internal Revenue Service

(Form 990)

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

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

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

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

Nam	e of t	he organization						Employer	identification number			
		PART	NERS RELIE	F & DEVELOPMI	ENT			2	2-3786806			
Par	tl	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)						
1 [		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2 [		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3 [		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 [		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:										
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).					
7 [		An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general p	oublic described in			
r		section 170(b)(1)(A)(vi). (C										
8 [		A community trust describe			-							
9 [		An agricultural research org				-		-	-			
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or			
40 [	v	university:										
10	Δ	An organization that norma										
		activities related to its exem		•	.,				•			
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	inter June 30, 1975.			
11 [		See <b>section 509(a)(2).</b> (Con An organization organized a	. ,	volu to tost for public ost	intu Saa	nantion EC	O(a)(4)					
12		An organization organized a	•					rny out the	nurnoses of one or			
		more publicly supported or	-	-	-			•				
		lines 12a through 12d that	-									
а		<b>Type I.</b> A supporting orga						-	aivina			
		the supported organization		-	•	-						
		organization. You must c			, ,				11 3			
b		<b>Type II.</b> A supporting org	-		ion with its	s supporte	d organizatio	n(s), by hav	ing			
		control or management o	-				-		-			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	d with,			
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.					
d		] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	ation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	bution rec	uirement and	an attentiv	veness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type I	I, Type III				
		functionally integrated, or	<i>,</i>	nally integrated supportir	ng organiz	ation.			[]			
		r the number of supported o	•									
g		ide the following information ) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other			
	(	organization		(described on lines 1-10	in your governi	ng document? No	support (see in		support (see instructions)			
		•		above (see instructions))	Yes	INO	、					
Total												

Schedule	A (F	Forn	n !	990	) 2	202
Part II		Su	р	po	rt	Sc

PARTNERS RELIEF & DEVELOPMENT

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	l ans)			12	
	First 5 years. If the Form 990 is for th	l.	,	fourth or fifth tax		LI	
10	organization, check this box and stop	•					
See	ction C. Computation of Publi						
	Public support percentage for 2021 (			column (f))		14	%
	Public support percentage from 2020		•	(77)		15	%
	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2020.</b> If the o		-				
	and stop here. The organization qual					,	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
۲	10% -facts-and-circumstances test	0		, ,,	•		
	more, and if the organization meets the	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•				
10	i mate roundation. It the organizatio	an alla not check a		a, 100, 17a, 01 171			J 🔽 🗔

Schedule A (Form 990) 2021

### Schedule A (Form 990) 2021 PARTNERS RELIEF & DEVELOPMENT Part III Support Schedule for Organizations Described in Section 509(a)(2) PARTNERS RELIEF & DEVELOPMENT

(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.) Section A. Public Support

Section A. I ublic Support						
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	3155562.	2997280.	4127062.	3771406.	5671659.	19722969.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	19 550	4 070	274	10 007	10 550	49 661
organization's tax-exempt purpose	18,559.	4,278.	374.	12,897.	12,553.	48,661.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3174121.	3001558.	4127436.	3784303.	5684212.	19771630.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					45,430.	45,430.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
<b>c</b> Add lines 7a and 7b					45,430.	45,430.
8 Public support. (Subtract line 7c from line 6.)						19726200.
Section B. Total Support				L		
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6	3174121.	3001558.	4127436.	3784303.	5684212.	19771630.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			49.	143.	254,016.	254,208.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b			49.	143.	254,016.	254,208.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital				0.044	0 000	4.400
assets (Explain in Part VI.)	04 8 44 04	2004 5 5 0	44.004.00	2,044.	2,382.	4,426.
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)	3174121.	3001558.	4127485.	3786490.	5940610.	20030264.
<b>14 First 5 years.</b> If the Form 990 is for the	he organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatic	on,
	- 0				<u></u>	·····
Section C. Computation of Publ						0.0 4.0
<b>15</b> Public support percentage for 2021 (	, (),	,	olumn (f))		15	98.48 %
16 Public support percentage from 2020					16	99.99 %
Section D. Computation of Inves		•			<u>г г</u>	
17 Investment income percentage for 20					17	1.27 %
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the						
more than 33 1/3%, check this box as <b>b 33 1/3% support tests - 2020.</b> If the	-	•		• •		► X
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

PARTNERS RELIEF & DEVELOPMENT

1

Yes

No

#### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

#### PARTNERS RELIEF & DEVELOPMENT Schedule A (Form 990) 2021 Part IV Supporting Organizations (a)

1

2

Yes No

the

1 4	Continuea)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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			

	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.

supervised or controlled the supporting organization

Section C. 7	Type II Supp	orting Orga	nižations

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

Section D. All T	ype III Supporting	Organizations

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

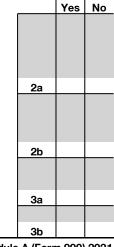
#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	I that the organization used to sati	sty the Integral Part Test duri	ng the year (see instructions).
•	Check the box heat to the method			

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

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how you support	ed a governmental entity (see instruction <u>s).</u>
------------	--	---	-------------------------------------	--

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.



132026 01-04-22

NERS	REL	1]	[]	E	F		&	DE	VEI	٥	$\mathbf{P}$

22-3786806 Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus	(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		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		
Section C - Distributable Amount				Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

<u>MEN</u>T PART Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2021 Part V

PARTNERS RELIEF & DEVELOPMEN	PARTNER	S RELIEF	&	DEVELOPMENT
------------------------------	---------	----------	---	-------------

-		EF & DEVELOPMEI		2	2-3786806 Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ued)	1
Sect	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			
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 ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e 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	Γ	1	10	
Sect	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				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
с	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:				
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	PARTNERS	RELIEF &	DEVELOPMENT	22-3786806 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	2, 30, 30, 40, 40, 40, 40, 40, 40, 40, 40, 40, 4	0a, 6, 9a, 9b, 9c, IV, Section E, line	s 1c, 2a, 2b, 3a, and 3b;	); Part II, line 17a or 17b; Part III, line 12; V, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, part for any additional information.

SCHEDULE [	)
------------	---

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.



Employer identification number 22-3786806

Department of the Treasury Internal Revenue Service

Name of the organization

## PARTNERS RELIEF & DEVELOPMENT

Pa			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li		
		(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	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
De			
Pa			V, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual day of the tax year.	ified conservation contribution in the form of a c	Held at the End of the Tax Year
-			
	<b>c</b>		
	Number of conservation easements on a certified historic stu		
a	Number of conservation easements included in (c) acquired		2d
3	listed in the National Register		•
5	year	heased, extinguished, or terminated by the orga	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	▶		0, 1
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation e	easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(h)(4)(	B)(i)
	and section 170(h)(4)(B)(ii)?		YesNo
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements t	hat describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections o		Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
<b>1</b> a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 99		
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>N N</b>
~			
2	If the organization received or held works of art, historical tre	-	i, provide
	the following amounts required to be reported under FASB A	-	
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for form 990.	Schedule D (Form 990) 2021

Partial       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         a Using the organization accouncient, and other records, check any of the following that make significant use of its continued of the organization accounce of the organization accounce of the control of the following that make significant use of its control of the organization accounce of the accounce of the accounce of the accounce of the organization accounce of the organization accounce of the	Sche		RELIEF &						22-37		Page	e <b>2</b>
collection isome (check all that apply): <ul> <li>Collection isome (check all that apply):</li> <li>Scholarly research</li> <li>Collection isome (check all that apply):</li> <li>Scholarly research</li> <li>Collection isome (check all that apply):</li> </ul> Provide a collection of thure generations         Collection isome (check all that apply):           Provide a collection isome (check all that apply):         Collection (check all that apply):           Provide a collection isome (check all that apply):         Collection (check all that apply):           Partity         Escretow and Cutstocial transmement and apply isome (check all that apply):         Vee         No           Partity         Escretow and Cutstocial transmement isome (check all that apply):         Vee         No           If "Yes," explain the arrangement in Part XIII and complete the following table:         Vee         No           Bit "Yes," explain the arrangement in Part XIII and complete the following table:         Image: Amount         Image: Amount           Coll the organization include an amount on Form 990, Part X, line 21, for escrew or cutstodial account liability?         Yes         No           Bit "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Provide the estimated and administered for the organization include an amount on Form 990, Part X, line 21, for escrew or cutstodial account AIIII         Provide the estimate	Par	t III   Organizations Maintaining Co	ollections of Ar	rt, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	(continu	ed)	
a       Public scholary research         b       Scholary research         c       Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.         During the year, did the organization sciolections and explain how they further the organization's exempt purpose in Part XII.         During the year, did the organization sciolections and explain how they further the organization's exempt purpose in Part XII.         During the year, did the organization answered 'Yes' on Form 980, Part X, line 21.         Tal is the organization answered 'Yes' on Form 980, Part X, line 21.         Tal is the organization answered in the rest organization's collections'.         C       Beginning balance         d       Additions during the year         t       Edit the organization answered 'Yes' on Form 980, Part X, line 21, for escrow or custoal account liability?         C       Deginning balance         d       Additions during the year         t       Enditions during the organization answered 'Yes' on Form 990, Part X, line 21.	3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the	following that	t make si	ignificant	use of its			
b       Scholary research       e       Other         c       Prevention for future generations       e       Other         2       Provide a description of future generations       collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solid to reage fund stratement has to be maintained as part of the organization answered 'Yes' on Form 980, Part X, line 9, or reported an anount on Form 980, Vart X, line 21.         14       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?       No         b       If 'Yes', explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       It       It         d       Additions during the year       Id       Id         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Imain         2a       Did the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?       Imain         2a       Did the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?       Imain         2a       Did the organization include an amount on Form 990, Part X, line 21,		collection items (check all that apply):										
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IM       Escrew and Custodial Arrangements. Comparization answered 'Yes' on Form 990, Part N, line 9.0       No       No         1a       Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included       on Form 990, Part X?       Ine and the organization and the organization asset included       on Form 990, Part X?       No         b       If 'Yes,' explain the arrangement in Part XIII. Other Knew 1 (the 21, for escrew or or custodial account liability?       Yes       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or or custodial account liability?       Yes       No         3       Did the organization include an amount on Form 990, Part X, line 21, for escrew or or custodial account liability?       Yes       No         4       Additions of arrangement in Part XIII. Other Knew 1 (the organization answered 'Yes' on Form 990, Part X, line 10.       Inter years explain the arrangement in Part XIII. Other Aner 1 (the organization answered 'Yes' on Form 990, Part X line 10.       Inter years explain the a	а	Public exhibition	(	d 🗌 I	Loan or exc	hange progra	am					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maritained as part of the organization answered "Yes" on Form 990, Part X, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X, line 21.     Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X, line 21.     Is the organization in Part XIII and complete the following table:         Camount         term         Calditions during the year         term         Calditions during the year         term of the organization answered "Yes" on Form 990, Part X, line 21.         Or the organization include an amount on Form 990, Part X, line 21.         (or Form 990, Part X)         Part V Endowment Funds. Complete if the organization naswered "Yes" on Form 990, Part XIII.         (or Form 990, Part X)         (	b	Scholarly research		e 🗌 (	Other							
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be sold to raise funds rather than to be mantalined as part of the organization's collection?     Part M Escrow and Oustodial Arrangements. Complete if the organization answered "Yes" on Form 190, Part M, line 9, or     reported an amount on Form 190, Part X, line 21.     Is the organization an agent, fustake, custodian or other intermediary for contributions or other assets not included     on Form 390, Part X     Ital is the organization angent, fustake, custodian or other intermediary for contributions or other assets not included     on Form 390, Part X     Ital     Ital is the organization angent, fustake, custodian or other intermediary for contributions or other assets not included     on Form 390, Part X     Ital     Ital     Ital     Additions during the year     Ital     Ital     Other part All include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     Ital     Part V     Indowment PundS. Complete the organization has been provided on Part XIII     Part V     Indowment PundS. Complete the organization answered "Yes" on Form 390, Part X, line 10.     Ital     Grants or scholarships     Other expenditures for facilities     and programs     for during the year     Ital     Other expenditures for facilities     and programs     Administrative expenses     Ital     Permoded or quasiendowment	с	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization scalection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       In the organization and the part IV is the organization and the part of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2a bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       In the estimate antige, gains, and losses       In the organization answered "Yes" on Form 990, Part X, line 10.         1a Beginning of year balance       [a) Current year end balance (line 19, column (a)) held as:       a doministrative expenses       In the organization and the organization and the part of the organization and the organization and the organization by:       Yes       No         0 there spontate parcentages on lines 240, bord and the organization that are held and a	4	Provide a description of the organization's col	lections and explai	n how th	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.		
Part W       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other infermediary for contributions or other assets not included on Form 990, Part X (III and complete the following table:       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>Camplete in the arrangement in Part XIII and complete the following table:</li> <li>Additions during the year</li> <li>1a</li> <li>1a</li> <li>1b of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?</li> <li>Yes</li> <li>No</li> <li>bit "yes": replain the arrangement in Part XIII.</li> <li>Part V</li> <li>Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.</li> <li>1a</li> <li>Beginning of year balance</li> <li>(a) Current year</li> <li>(b) Prior year</li> <li>(c) Two years back</li> <li>(d) Friter years back</li> <li>(d) Grants or scholarships</li> <li>(e) Administrative expenses</li> <li>(f) Administrative expenses</li> <li>(g) Administrative expenses</li> <li>(h) Administrative expenses</li> <li>(h) Administrative expenses</li> <li>(h) Administrative expenses</li> <li>(h) Premate administered for the current year end balance (line 10, column (a)) held as:</li> <li>a Board designated or quasi-indowent &gt;%</li> <li>(h) Premate administered fo</li></ul>	5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or othe	er similar	assets				
reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1b If "Yes," explain the arrangement in Part XIII and complete the following table:         c Beginning balance         1d         d Additions during the year         1e         1d         2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?         Yes       ves" on Ine organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?         Yes       wes" (b) Prior year         1d		to be sold to raise funds rather than to be mai	ntained as part of t	the organ	ization's co	llection?				Yes		١o
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7       Ves       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete the following table:       Image: Complete the following table:       Amount         c       Beginning balance       Image: Complete the following table:	Par	t IV Escrow and Custodial Arrang	ements. Compl	lete if the	organizatio	on answered '	"Yes" on	Form 99	D, Part IV,	ine 9, or		
on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         d       Additions during the year       1d         d       Distributions       1f       No         b       If 'Yes,'' explain the arangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part X         Part X       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       1d         e       Other expenditures for facilities       1d       1d         and programs       1d       1d       1d         f       Administrative expenses       1d       1d         g       End of year balance       9%       5%       5%		reported an amount on Form 990, Part	X, line 21.									
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for c	contribution	s or other as	sets not i	included		_		
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         d       Ending balance       If         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Check here if the organization answered "Yes" on Form 990, Part X, line 10.         Fart V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Image: Check here if the organization answered "Yes" on Form 990, Part X, line 10.         a       Beginning of year balance       (b) Prior year       (c) Two years back (d) Three years back (e) Four years back if a Beginning of year shalked percentage of the current year end balance (line 1g, column (a)) held as:       Image: Check here shalked percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment is possession of the organization that are held and administered for the organization by:       Image: Check here andowment is possession of the organization is endowment funds.         b       Permanent endowment is possession of the organization is endowment funds.       Image: Check here andowment is possession of the organization's endowment funds.         e       Premanene hare Mill theinded use		on Form 990, Part X?								Yes		١o
c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         e       Distributions during the year       1e       1f         f       Ending balance       1f       1e       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accountil lability?       Yes       No         b       If 'Yes' vapian the arrangement in Part XII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the explanation has been provided on Part XIII       Image: Second S	b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing ta	able:							
d Additions during the year       1d         e Distributions during the year       1d         1       1         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b if Yes," explain the arrangement in Part XIII. Check here if the organization answered Yes" on Form 990, Part IV, line 10.       Yes       No         Part V       Endowment Funds. Complete if the organization answered Yes" on Form 990, Part IV, line 10.       Image: State										Amount		
e       Distributions during the year       1e         f       Ending balance       1t         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (d) Three years back (e) Four years back for contributions         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (e) Four years back for contributions         a       Contributions       (a) Current year       (b) Prior year       (c) Two years back for contributions       (d) Three years back for contributions         a       Contributions       (c) Two years back for contributions       (d) Three years back for contributions       (e) Four years back for contributions         a       Contributions       (c) Two years back for contributions       (e) Four years back for contributions       (e) Four years back for contributions         a       Contributions       (f) Four years back for contributions       (f) Four years back for contrem year end balance (line 1g, column (a) held	С	Beginning balance						. 1c				
f       Ending balance	d	Additions during the year						. 1d				
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         g       End of year balance       (b)       (f) Administrative expenses       (f) Administrative expenses       (f) Administrative expenses       (f) Prove year       (f) Prove year       (f) Prove year       for form form offor provent \$\start{f}_0	е	Distributions during the year						. <b>1e</b>				
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c Ret investment earnings, gains, and losses       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back         c Other expenditures for facilities       (a) Current year       (c) Two years back       (d) Two years back       (e) Four years back         g End of year balance       (b) Permanent earnings, gains, and losses       (f) Contrent year end balance (line 1g, column (a)) held as:       (f) Actinities       (f) Permetered and the percentage of the current year end balance (line 1g, column (a)) held as:       (f) Permanent endowment (f) (f) Permane	f	Ending balance						. <b>1</b> f		_		
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years       (d) Three years back       (e) Four years         g       End of year balance       (c) Two years       (c) Two years       (d) Three years back       (e) Four years         g       End of year balance       (c) Two years       (d) Three years back       (d) Three years back       (e) Fouryears         g       End of year balance       (c) Administrative expenses       (c) Administrative expenses       (c) Fouryears       (d) Fouryears <th></th> <th>-</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>ity?</th> <th>L</th> <th>Yes</th> <th></th> <th>٩N</th>		-						ity?	L	Yes		٩N
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance												
1a       Beginning of year balance	Par	<b>t v</b> Endowment Funds. Complete if								(-) [		
b       Contributions	_		(a) Current year	(D) P	rior year	(C) Two yea	IS DACK	(a) Three	years dack	(e) Four y	ears bai	JK
c       Net investment earnings, gains, and losses	1a											
d Grants or scholarships	b											
e       Other expenditures for facilities and programs	c											
and programs   f   Administrative expenses   g   End of year balance   2   Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a   Board designated or quasi-endowment ▶  %   b   Permanent endowment ▶  %   c   Term endowment ▶  %   c   Term endowment ▶  %   c   Term endowment ▶  %   b   permanent endowment ▶  %   c   Term endowment ▶  %   b   c   Term endowment ▶  %   b   iii) Related organizations   (ii) Related organizations   (iii) Related organizations listed as required on Schedule R?   4   Describe in Part XIII the intended uses of the organization's endowment funds.   Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   b Buildings   c   Leasehold improvements   c   Leasehold improveme	d											
f       Administrative expenses	е											
g End of year balance	-											
2       Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         d       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       A re there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI     Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Description of property       (a) Cost or other basis (other)       (b) Cost or other depreciation       (d) Book value depreciation         1a       Land	f											
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         (i) Unrelated organizations         (ii) Related organizations         b If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (b) Accumulated depreciation	-				. ,							
b       Permanent endowment ▶%         c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>basis (investment)</li> <li>basis (other)</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(f) Cost on ther</li> <li>(f) Cost on ther</li> <li>(f) Cost on ther</li> <li>(f) Accumulated</li> <li>(f) Book value</li> <li>(f) Book</li>	2		•		j, column (a	)) held as:						
c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations is endowment funds.</li> </ul> <ul> <li>(iii) Related neganization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (investment)</li> <li>(ii) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(ii) 2, 280.</li> <li>(j) 2, 890.</li> <li>(j) 30.</li> </ul>	a			%								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiiii) Related organizations</li> <li>(iiii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(ii) 2, 280.</li> <li>(iii) 8, 890.</li> <li>(iii) 8, 890.</li></ul>	a											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         1a Land       b Buildings         c Leasehold improvements       12,280.       5,890.       6,390.         d Equipment       12,280.       5,890.       6,390.         e Other       11,760.       11,760.       0.	С											
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other (b) Cost (c) Accumulated (c) Book value (c) Book value (c) Book value (c) Book value (c) Accumulated (c) Book value (c) Accumulated (c) Book value (c) Boo	2-			ation that	t are hold a	ad administa	ad far th		ation			
(i)       Unrelated organizations       3a(i)         (ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       1         b       Buildings       1         c       Leasehold improvements       1       1         d       Equipment       12,280.       5,890.       6,390.         e       Other       11,760.       0.       0.	Ja		SIGH OF THE OFGATIZA		l are neiù ai	nu auminister		le organiz	alion		es N	
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings       1       Land       1         b       Buildings       1       2,280.       5,890.       6,390.         c       Leasehold improvements       11,760.       11,760.       0.		-										<u> </u>
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land												
4 Describe in Part XII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	h											
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land												
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land												
basis (investment)         basis (other)         depreciation           1a Land				0, Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
b Buildings		Description of property			• •					(d) Book	value	
b Buildings	1a	Land										
c Leasehold improvements         12,280.         5,890.         6,390.           d Equipment         11,760.         11,760.         0.												
d Equipment         12,280.         5,890.         6,390.           e Other         11,760.         11,760.         0.												
e Other					1	2,280.		5,8	90.	6	,390	).
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)					1	1,760.						
	Tota	Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X. colum	nn (B), line 1	0c.)				6	,390	).

Schedule D (Form 990) 2021

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) DEPOSITS			2,947.
(2) MINERAL RIGHTS			361,000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (2) /	45)	<b></b>	363,947.
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.	9 [5.]		505,947.
Complete if the organization answered "Yes"	on Form 000 Part IV line 1	110 or 11f Soo Form 000 Part V line 25	
(a) Description of lightlity	on Form 990, Fait IV, line	The of This See Form 990, Fart A, line 23.	(b) Book value
			(b) BOOK value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		
	CJ.1		
2. Liability for uncertain tax positions. In Part XIII, provide		the organization's financial statements th	at reports the

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

#### PARTNERS RELIEF & DEVELOPMENT Schedule D (Form 990) 2021

### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Sche	dule D (Form 990) 2021 PARTNERS RELIEF & DEVELOPME	22-3	Page <b>4</b>			
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With F	Revenue per Ret	urn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	5,923	,095.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-2,946.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-2 5,926	,946.
3	Subtract line 2e from line 1			3	5,926,	,041.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	290.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		290.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	5,926,	,331.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per R	eturr	۱.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	4,237	,664.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	4,237	,664.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b		290.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		290.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,237	,954.
Pa	t XIII Supplemental Information.					

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

Name of the organization					Employer identif	ication number
PARTNERS RELIEF	& DEVELO	)PMENT			22-378680	06
Part I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answered "	Yes" on
Form 990, Part IV				ere in the english		
		maintain record	ds to substantiate the amount of its gra	ants and other	assistance.	
-	-		he selection criteria used to award the			Yes 🗌 No
5 5 7	5	,		5		
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and ot	her assistance outs	ide the
United States.						
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	èmployees, agents, and independent	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		e specific type	investments
		in the region	recipients located in the region)	of service	(s) in the region	in the region
				RELIEF AND	DEVELOPMENT	
SOUTHEST ASIA	0	30	PROGRAM SERVICES	WORK		730,966.
MIDDLE EAST AND						
NORTH AFRICA -						
ALGERIA, BAHRAIN,				RELIEF AND	DEVELOPMENT	
DJIBOUTI, EGYPT,	0	6	PROGRAM SERVICES	WORK		1,652,766.
3 a Subtotal	0	36				2,383,732
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	36				2,383,732.

Statement of Activities Outside the United States
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 ▶ Attach to Form 990.

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

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

**Open to Public** 

Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

22-3786806

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			PROGRAM SUPPORT	2383732.	WIDE	0.		
			FROGRAM SUFFORI	2303732.	WIKE			
			recognized as charities by the f or counsel has provided a sect					
			or coursernas provided a sect			<b>&gt;</b>		

Schedule F (Form 990) 2021

PARTNERS	RELIEF	&	DEVELOPMENT

22-3786806

#### Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

Page 3

			RELIEF	&	DEVELOPMENT
Part IV	Foreign Form	s			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

Part V	Supplemental	Information			
Schedule F	(Form 990) 2021	PARTNERS	RELIEF	&	DEVELOPMENT

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

# **Noncash Contributions**

OMB No. 1545-0047 2021

**Open to Public** 

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

## Name of the organization

Inspection Employer identification number 22 - 3786806

1

gameatori				
	PARTNERS	RELIEF	&	DEVELOPMENT

Par	t I Types of Property						
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other $\blacktriangleright$ ( <u>MINERAL RIGHT</u> )	X	4	361,000.	FAIR MARKET	VALUE	3
26	Other ► ()						
27	Other ( )						
28	Other ()			<u> </u>			
29	Number of Forms 8283 received by the organiz						
	for which the organization completed Form 828	83, Part V, C	onee Acknowledg	ement 29			
						Yes	s No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		I contribution, and	which isn't required to be us	sed for		37
	exempt purposes for the entire holding period?	?				30a	X
	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	-	-	•	ions?	31 X	+
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			
_						32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is cheo	cked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M	(Form 990) 2021 PARTNERS RELIEF & DEVELOPMENT	22-3786806	Page <b>2</b>
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a c this part for any additional information.	d 33, and whether the organizat combination of both. Also comp	ion llete

SCHEDULE O (Form 990)

#### Department of the Treasury Internal Revenue Service

Name of the organization

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.



Employer identification number 22 - 3786806

PARTNERS RELIEF & DEVELOPMENT

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

THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR REVIEW AND

APPROVAL PRIOR TO SUBMISSION.

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

THE BOARD OF DIRECTORS REVIEWS COMPARABLE WAGE INFORMATION FOR U.S.

NATIONAL DIRECTORS AND APPROVES THE SALARY ANNUALLY.

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

COPIES OF FINANCIAL STATEMENTS AND ANNUAL REPORTS ARE AVAILABLE TO THE

PUBLIC ON THE ORGANIZATION'S WEBSITE. COPIES OF GOVERNING DOCUMENTS AND

POLICIES ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.