Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

| _ | _ | | | |
|--------------------|---|-----|----|----------|
| , 2021, and ending | 7 | JUN | 30 | , 20 2 2 |

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2021, or fiscal year beginning JUL 1

▶ Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Name of filer

EIN or SSN 26-1151754

KATHERINE L HOFFMAN Name and title of officer or person subject to tax

CEO

LIVE THE SOLUTION DBA EARN TO LEARN

| Part I Type of Return and Return Information |
|--|
|--|

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more

| nan or | ie line in Part I. | | |
|----------|--|--|---------------------------|
| 1a | Form 990 check here > X | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | . 1b <u>3,231,880</u> |
| 2a | Form 990-EZ check here > | b Total revenue, if any (Form 990-EZ, line 9) | 2b |
| За | Form 1120-POL check here ▶ | b Total tax (Form 1120-POL, line 22) | 3b |
| 4a | Form 990-PF check here > | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b |
| 5a | Form 8868 check here | b Balance due (Form 8868, line 3c) | . 5b |
| 6a | Form 990-T check here | b Total tax (Form 990-T, Part III, line 4) | 6b |
| 7a | Form 4720 check here | b Total tax (Form 4720, Part III, line 1) | |
| 8a | Form 5227 check here | b FMV of assets at end of tax year (Form 5227, Item D) | 8b |
| 9a | Form 5330 check here | b Tax due (Form 5330, Part II, line 19) | 9b |
| 10a | Form 8038-CP check here | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b |
| Part | II Declaration and Signat | ure Authorization of Officer or Person Subject to Tax | |
| Jnder | penalties of perjury, I declare that X | I am an officer of the above entity or I am a person subject to tax with re | spect to (name |
| of entit | y) | , (EIN) and that I ha | ve examined a copy of the |
| 021 e | lectronic return and accompanying sch | edules and statements, and, to the best of my knowledge and belief, they are t | rue, correct, and |

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

| Р | IN: | check | one | box | only |
|---|-----|-------|-----|-----|------|
| | | | | | |

| | <u>X</u>] | I authorize | REGIER | CARR | & | MONROE, | L.L.P., | CPA'S | 3 |
|--|------------|-------------|--------|------|---|---------|---------|-------|---|
|--|------------|-------------|--------|------|---|---------|---------|-------|---|

to enter my PIN

15349 Enter five numbers, but do not enter all zeros

ERO firm name

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

86412585711

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ REGIER CARR & MONROE, LLP

Date \triangleright 05/15/23

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print 26-1151754 LIVE THE SOLUTION DBA EARN TO LEARN File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 6336 N. ORACLE ROAD, STE. 326, #106 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions TUCSON, AZ 85704 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 Form 990-T (trust other than above) 06 12 Form 990-T (corporation) KATHERINE L HOFFMAN • The books are in the care of ▶ 6336 NORTH ORACLE RD, SUITE 326, #106 - TUCSON, AZ 85704 Telephone No. ► 520-260-7369 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 ____, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or __ , and ending _ JUN 30 , 2022 ► X tax year beginning JUL 1, 2021 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)

EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| A F | or the | = 2021 calendar year, or tax year beginning $JUL 1$, 2021 and ending | JUN 30, 2022 | |
|---------------|--------------------|--|---|--|
| B 0 | heck if | C Name of organization | D Employer identific | cation number |
| а | pplicabl | | | |
| | _Addre _chang | LIVE THE SOLUTION DBA EARN TO LEARN | | |
| | Name chang | Doing business as EARN TO LEARN | 26-11517 | 54 |
| |]Initial return | Number and street (or P.O. box if mail is not delivered to street address) Room/sui | te E Telephone number | r |
| | Final | 6336 N. ORACLE ROAD, STE. 326 #106 | 520-260- | |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 3,231,880. |
| | Ameno | 10CSON, AZ 65/04 | H(a) Is this a group re | eturn |
| | Application | F Name and address of principal officer: KEDDIE IEKHONE NEEDI | for subordinates | ? Yes X No |
| | pendir | SAME AS C ABOVE | H(b) Are all subordinates in | |
| <u> </u> | ax-ex | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 5 | 27 If "No," attach a | list. See instructions |
| | | e: ► EARNTOLEARN.ORG | H(c) Group exemptio | n number 🕨 |
| | | | ar of formation: 2008 $ m 	binom{1}{8}$ | ∕ State of legal domicile: A Z |
| Pa | rt I | Summary | | |
| ø | | Briefly describe the organization's mission or most significant activities: OUR MISSI | | |
| Governance | | STUDENTS TO ACHIEVE THEIR GOALS AND BE WORKFOR | RCE READY WIT | H LITTLE |
| ž. | ı | Check this box 🕨 🔛 if the organization discontinued its operations or disposed of mo | 1 1 | |
| 8 | | Number of voting members of the governing body (Part VI, line 1a) | | 12 |
| | ı | Number of independent voting members of the governing body (Part VI, line 1b) | | 12 |
| es | | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | 82 |
| ΞĒ | | Total number of volunteers (estimate if necessary) | | 115 |
| Activities & | ı | Total unrelated business revenue from Part VIII, column (C), line 12 | | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | 0. |
| | | | Prior Year | Current Year |
| Revenue | l | Contributions and grants (Part VIII, line 1h) | 2,450,806. | 3,206,265. |
| | l | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| šę | l | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| _ | l | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 72. | 25,615. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,450,878. | 3,231,880. |
| | l | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 633,998. | 727,374. |
| | l | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 1. 566, 624 |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,101,512. | 1,566,624. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| Ϋ́ | _b | Total fundraising expenses (Part IX, column (D), line 25) 259,538. | 652,973. | 695,699. |
| _ | '' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,388,483. | 2,989,697. |
| | l | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 62,395. | 242,183. |
| <u> ç</u> | 19 | Revenue less expenses. Subtract line 18 from line 12 | | |
| ts o | 200 | | Beginning of Current Year 1,535,362. | End of Year 1,520,370. |
| Asse Bala | 20 | Total assets (Part X, line 16) | 757,012. | 499,837. |
| Net Assets or | 21 22 | Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 | 778,350. | 1,020,533. |
| Pa | rt II | Signature Block | 770,330. | 1,020,333. |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedules and state | ments, and to the best of my | knowledge and belief, it is |
| | • | t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare | • | , |
| | | | | |
| Sign | า | Signature of officer | Date | |
| Her | | KATHERINE L HOFFMAN, CEO | | |
| | | Type or print name and title | | |
| | | Print/Type preparer's name Preparer's signature | Date Check | PTIN |
| Paid | | SUSAN M. VOS, CPA/CFE SUSAN M. VOS, CPA/CF | | |
| Prep | arer | Firm's name REGIER CARR & MONROE, L.L.P., CPA'S | Firm's EIN | 48-0573184 |
| Use | Only | Firm's address 4801 E. BROADWAY BLVD., SUITE 501 | | |
| | | TUCSON, AZ 85711 | Phone no. 52 | 0-624-8229 |
| May | the II | RS discuss this return with the preparer shown above? See instructions | | X Yes No |

Page 2

| Pai | Check if Schedule O contains a response or note to any line in this Part III |
|------------|--|
| 1 | Briefly describe the organization's mission: |
| • | EARN TO LEARN'S MISSION IS "EMPOWERING STUDENTS TO ACHIEVE THEIR GOALS |
| | AND BE WORKFORCE READY WITH LITTLE TO NO STUDENT DEBT". |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,530,680. including grants of \$ 727,374.) (Revenue \$) |
| 4a | |
| | OVERVIEW: |
| | A NATIONAL, INNOVATIVE APPROACH TO FINANCIAL AID IS NEEDED TO INCREASE |
| | POST-SECONDARY EDUCATIONAL ACCESS AND COMPLETION, ESPECIALLY FOR |
| | STUDENTS FROM LOWER SOCIO-ECONOMIC BACKGROUNDS. A REDUCED BORROWING |
| | INITIATIVE IS CRITICAL CONSIDERING THE TREMENDOUS GROWTH IN NATIONAL |
| | DEBT RELATED TO HIGHER EDUCATION BORROWING. |
| | |
| | ESTABLISHED IN 2013, EARN TO LEARN OPERATES THE LARGEST AND MOST |
| | SUCCESSFUL MATCHED-SAVINGS SCHOLARSHIP PROGRAM IN THE COUNTRY. IT |
| | COMBINES STUDENT SAVINGS WITH SCHOLARSHIPS, FINANCIAL EDUCATION AND |
| | COLLEGE SUCCESS COACHING TO HELP LOW TO MODERATE INCOME AND |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
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| | |
| | |
| | |
| 4- | |
| 4c | (Code:) (Expenses \$ |
| | |
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| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4 e | Total program service expenses 2,530,680. |

| | | | Yes | No |
|-----|--|----------|-----|----------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| - | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | | | |
| Ü | 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 | ۰ | | |
| 9 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | | 9 | | x |
| 40 | If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | ₩ |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | X |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | l |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | <u> </u> |
| е | 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 | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | L | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | | | | |
| | | 16 | | X |
| 17 | | | | |
| - | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." | <u>ٿ</u> | | |
| 13 | , | 19 | | x |
| 20- | complete Schedule G, Part III | | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ^ |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | | X |

| Form | 990 (2021) LIVE THE SOLUTION DBA EARN TO LEARN 26-115: TIV Checklist of Required Schedules (continued) | 1754 | Р | age 4 |
|-------------|--|------------|-----|--|
| I al | Checklist of Required Schedules (continued) | | | T |
| 00 | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 00 | х | |
| 00 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Λ | |
| 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 | 00 | х | |
| 04.5 | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | | \vdash |
| 2 4a | | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | 240 | | X |
| h | Schedule K. If "No," go to line 25a | 24a 24b | | ^ |
| | | 240 | | \vdash |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 24c | | |
| ۵ | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | \vdash |
| | | 24u | | \vdash |
| 2 5a | 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 |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | ZJa | | 1 |
| b | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes." <i>complete</i> | | | |
| | | 25b | | X |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 230 | | 1 |
| 20 | 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, | 20 | | 1 |
| 21 | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | 21 | | m |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| а | "Yes," complete Schedule L, Part IV | 28a | | X |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 200 | | |
| · | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 25 | | |
| 00 | contributions? (clive all accounts to the contributions) | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | ļ | | |
| 02 | , , | 32 | | x |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u> </u> | | |
| - | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | " | | |
| • | Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| - | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| _ | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | | • | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| | | | Vas | Nic |

| | check in concedure a contained a responde of flote to any line in the flat v | | | | | |
|----|---|--------|-----------|----|-----|----|
| | | | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 33 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | portab | le gaming | | | |
| | (gambling) winnings to prize winners? | | | 1c | Х | |

(2021) LIVE THE SOLUTION DBA EARN TO LEARN

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

| | | | 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 82 | | .,, | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| _ | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | v |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | x |
| h | financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country | 4a | | |
| D | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 52 | | 5a | | х |
| b | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 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 | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Х |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7с | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | - | | |
| 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | - | | |
| ~ | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | 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 | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | ,, |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | 37 |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| 47 | 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 | 47 | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | | |
| | ii rea, compiete rumi duda. | | | |

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 No Yes 12 1a Enter the number of voting members of the governing body at the end of the tax year 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. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b 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 Х taxable entity during the year? 16a 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 Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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) available 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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records KATHERINE L HOFFMAN - 520-260-7369 6336 NORTH ORACLE RD, SUITE 326, #106, TUCSON. 85704

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

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

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

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

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

| Check this box if neither the organize | | orga T | niza | | | nper | sate | | | |
|--|------------------------|--|-----------------------|-------------------|--------------|------------------------------|--------------|------------------|----------------------------------|-----------------------|
| (A) | (B) | | |)) Posi | C) | | | (D) | (E) | (F) |
| Name and title | Average | | not c | heck ı | more | than o | | Reportable | Reportable | Estimated |
| | hours per | box | , unles cer an | ss per | son i | s both or/trus | n an tee) | compensation | compensation | amount of |
| | week | _ | | | | T | I, | from | from related | other |
| | (list any hours for | lirect | | | | | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | e or (| tee | | | satec | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | ruste | ll trus | | ee/ | mpen | | 1099-NEC) | 1000 NEO) | and related |
| | below | dualt | ntions | _ | oldm | st co | - | , | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | 3 |
| (1) KATHERINE L HOFFMAN | 50.00 | | | | | | | | | |
| CHIEF EXECUTIVE OFFICER | | | | Х | | | | 173,499. | 0. | 17,069. |
| (2) LESLIE SHULTZ-CRIST | 50.00 | <u> </u> | | | | | | | | |
| CHIEF OPERATING OFFICER | | | | Х | | | | 87,501. | 0. | 12,801. |
| (3) AUTUMN VAN DEN BERG | 2.00 |] | | | | | | _ | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (4) BEATRIZ RENDON | 2.00 | ļ | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (5) ELIZABETH PARSONS | 2.00 | ٠,, | | | | | | | | 0 |
| DIRECTOR (C) WARLA MORALES | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (6) KARLA MORALES DIRECTOR | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (7) MIRANDA YOUSIF | 2.00 | ^ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (8) NIKITA WOLFF | 2.00 | 25 | | | | | | • | 0. | <u> </u> |
| DIRECTOR | 2.00 | х | | | | | | 0. | 0. | 0. |
| (9) STEPHANIE COUSER | 2.00 | 1 | | | | | | | • | • |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) STEVE HOLMES | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) KELLIE TERHUNE NEELY | 2.00 | | | | | | | | | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (12) ARTURO PEREZ | 2.00 | <u> </u> | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (13) TERRY NAY | 2.00 | | | | | | | _ | | _ |
| TREASURER | | Х | | X | | | | 0. | 0. | 0. |
| (14) BALU NATARAJAN | 2.00 | | | | | | | | | _ |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
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132007 12-09-21 Form **990** (2021)

| Pai | T VII Section A. Officers, Directors, Trus | | oloy | ees, | | | ghe | st C | | | | | | |
|-----|--|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|---------------------------|-------------------------------|-------|----------|-----------------|-----|
| | (A) | (B) | | | | C) ition | , | | (D) | (E) | | | (F) | |
| | Name and title | Average | | not c | | more | than | | Reportable | Reportable | | l | timate | |
| | | hours per week | | | | | is bot or/trus | | compensation | compensation | | l | nount (| of |
| | | (list any | | T | | | T | T | from | from related | | l | other | 4: |
| | | hours for | lirect | | | | _ | | the organization | organization (W-2/1099-MIS | | l . | pensa om the | |
| | | related | e or c | stee | | | satec | | (W-2/1099-MISC/ | 1099-NEC) | | l | anizati | |
| | | organizations | Individual trustee or director | Institutional trustee | | 99/ | mper | | 1099-NEC) | 10001120) | | | d relate | |
| | | below | dualt | ution | | l old n | st co | e. | , | | | l | anizatio | |
| | | line) | Indivi | Instit | Officer | Key employee | Highest compensated employee | Former | | | | | | |
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| | | | | | | | | Ļ | 261 000 | | | | 0 0' | 70 |
| | Subtotal | | | | | | | | 261,000. | | 0. | | 9,8 | |
| | Total from continuation sheets to Part VI | | | | | | | | 0. | | 0. | | 0 0' | 0. |
| | Total (add lines 1b and 1c) | | | | | | | <u> </u> | 261,000. | | 0. | | 9,8 | 70. |
| 2 | Total number of individuals (including but n | ot limited to th | ose | liste | ed ab | oove | e) wh | io re | eceived more than \$100, | 000 of reportable | € | | | 1 |
| | compensation from the organization | | | | | | | | | | | | Yes | No |
| _ | Did the amountains list and former affice. | -li | | | 1 | | | . - : - | | | | | 163 | NO |
| 3 | Did the organization list any former officer, | • | | • | • | • | | _ | | • | | | | Х |
| | line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | | 3 | | |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | | | х | |
| _ | and related organizations greater than \$150 Did any person listed on line 1a receive or a | | | | | | | | | | | 4 | ^ | |
| 5 | 3 . | | | | | , | | | • | dual for services | | 5 | | Х |
| Sec | rendered to the organization? If "Yes," comtion B. Independent Contractors | iplete Schedule | e J f | or sı | ıch i | oers | son | | | | | 3 | | |
| 1 | Complete this table for your five highest co | mnensated inc | lene | nde | nt co | ntr | acto | re th | nat received more than \$ | 100 000 of com | nensa | tion fro | nm | |
| • | the organization. Report compensation for | | | | | | | | | | JUIJA | | 2111 | |
| | (A) | tric calcindar y | Jai | , i i Gii | ig w | 1011 | OI VVI | | (B) | car. | | (C | :) | |
| | Name and business | address | N | INC | 3 | | | | Description of s | ervices | C | Comper | | n |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i | | ot lir | nited | d to | | _ | sted | above) who received mo | ore than | | | | |
| | \$100,000 of compensation from the organic | zation | | | | (|) | | | | | | 000 | |

| | | Check if Schedule O contains a response of | or note to any lin | ne in this Part VIII | | | |
|--|------|---|--------------------|----------------------|--------------------------|-----|---|
| | | | | (A) Total revenue | (B) Related or exempt | (C) | (D) Revenue excluded from tax under sections 512 - 514 |
| လ လ | 1 a | a Federated campaigns 1a | | | | | |
| ant | | b Membership dues 1b | | | | | |
| 2, 5 | | c Fundraising events 1c | 20,500. | | | | |
| ifts Ir A | | d Related organizations 1d | | | | | |
| nij. | | | 603,078. | | | | |
| Sir | | f All other contributions, gifts, grants, and | , | | | | |
| her | - | | 582,687. | | | | |
| ÖĔ | | Noncash contributions included in lines 1a-1f | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | • | n Total. Add lines 1a-1f | | 3,206,265. | | | |
| | | | Business Code | | | | |
| ø | 2 a | a | | | | | |
| Ş | | | | | | | |
| Program Service Revenue | | | | | | | |
| am | | d | | | | | |
| Be | • | e | | | | | |
| Pro | | All other program service revenue | | | | | |
| | | g Total. Add lines 2a-2f | > | | | | |
| | 3 | Investment income (including dividends, intere | | | | | |
| | | other similar amounts) | | | | | |
| | 4 | Income from investment of tax-exempt bond p | | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | a Gross rents 6a | | | | | |
| | k | b Less: rental expenses 6b | | | | | |
| | | Rental income or (loss) 6c | | | | | |
| | | d Net rental income or (loss) | > | | | | |
| | 7 a | a Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a | | | | | |
| | k | Less: cost or other basis | | | | | |
| ē | | and sales expenses | | | | | |
| Ģ | | Gain or (loss) 7c | | | | | |
| Rev | | d Net gain or (loss) | > | | | | |
| Other Revenue | | a Gross income from fundraising events (not including \$ 20,500. of | | | | | |
| 0 | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 188a | 0. | | | | |
| | ŀ | b Less: direct expenses 8b | _ | | | | |
| | | Net income or (loss) from fundraising events | <u> </u> | 0. | | | |
| | | a Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 9a | | | | | |
| | ŀ | b Less: direct expenses 9b | | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| | | a Gross sales of inventory, less returns | , | | | | |
| | | and allowances 10a | | | | | |
| | k | b Less: cost of goods sold 10b | | - | | | |
| | | Net income or (loss) from sales of inventory | > | | | | |
| | | , , | Business Code | | | | |
| Miscellaneous Revenue | 11 a | MISCELLANEOUS | 901101 | 25,615. | | | 25,615. |
| ine Due | k | <u> </u> | | | | | |
| elle | c | | | | | | |
| lisc Be | c | d All other revenue | | | | | |
| 2 | | e Total. Add lines 11a-11d | | 25,615. | | | |
| | | Total revenue. See instructions | | 3,231,880. | 0. | 0. | 25,615. |

Part IX | Statement of Functional Expenses

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

| Check if Schedule Coordania a response or note to any line in this Part IX Cloth Continued amounts reported on fines 0b, 70, 80, 98, and 100 of Part VIII. Prognal services Prog | Secti | on 501(c)(3) and 501(c)(4) organizations must comp | | | ipiete coluiriii (A). | |
|--|-------|--|----------------|-----------------|-----------------------|----------|
| Grafts and other assistance to domestic organizations and domestic povernments. See Part IV, line 21 Carants and other assistance to domestic organizations and domestic povernments. See Part IV, line 22 Carants and other assistance to domestic individuals. See Part IV, line 22 T27, 374 | | · I | | (B) | (C) | (D) |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 727, 374. 727, 37 | | ' ' | Total expenses | Program service | Management and | |
| and domestic powerments. Size Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign expensions, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 8 Bearefits paid to r for members 5 Compensation of unrent officers, directors, trustees, and key employees 6 Compensation for increated 4860(3)(8) 7 Other salaries and wages Persons float accuss and contributions (reduide section 4014) and dispressors described in section 4650(3)(8) 9 Persons float accuss and contributions (reduide section 4014) and 48(3)(4)(4) employee benefits 9 92,935. 77,852. 5,172. 9,911. 10 Payori taxes 101,617. 85,125. 5,656. 10,836. 11 Feas for services (nonemployees): 12 Management 13 Legal 4,729. 1,937. 2,730. 62. 14 Accounting 63,425. 25,981. 36,616. 828. 14 Legal 5,744. 11,937. 2,730. 62. 15 Accounting 63,425. 25,981. 36,616. 828. 16 Lobyling 70 Professional fundishing services. See Part IV, line 17 for through 40,863. 19,775. 13,642. 7,446. 17 Floating and promotion 5,44,867. 33,265. 14,133. 9,349. 18 Polyments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, convertions, and meetings 11,212. 11,212. 1,212. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, convertions, and meetings 11,212. 1,212 | | | | expenses | general expenses | ехрепзез |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustess, and key employees Compensation of included above to disqualified persons (sectioned in eaction 4585(N) (1) and persons described in eaction 4585(N) and under section 4585(N) and under se | • | · · | | | | |
| Individuals See Part IV, Ine 22 727, 374. 727, | 2 | · · · · · · · · · · · · · · · · · · · | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | _ | | 727.374. | 727.374. | | |
| organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(()(3)(8)) and persons described in section 4958(()(3)(8) and 4958(() | 3 | Г | , | 727,0720 | | |
| Individuals. See Part IV, lines 15 and 16 | Ŭ | , i | | | | |
| ## Benefits paid to or for members Compensation of current orficers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1) and a persons described in section 4958(r)(1) and 4958(r)(3)(8) Pension plan accruals and contributions (include section 4918) and 4959(r) | | | | | | |
| State Compensation of current officers, directors, trustees, and key employees 315,384. 252,844. 22,928. 39,612. | 4 | | | | | |
| Trustees, and keye employees Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(8) Persons described in section 4958(c)(3) Persons described in section | | Г | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons (as defined under section 4958(r)(3)(8)) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 101,617. 85,125. 5,556. 10,836. 11 Fees for services (nonemployees): a Management b Legal 4,729. 1,937. 2,730. 62. c Accounting 6 Code, and a count and a c | _ | | 315,384. | 252,844. | 22,928. | 39,612. |
| persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accrusts and contributions (include section 410(g) and 430(g) employer contributions) 9 Other employee benefits 10 Payroll taxes 101,617. 85,125. 5,656. 10,836. 11 Fees for services (nonemployees): a Management b Legal 4,729. 1,937. 2,730. 62. Accounting 63,425. 25,981. 36,616. 828. d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch. 0, 14,840. 19,775. 13,642. 7,446. 15 Royaltes 10 Cocupancy 11,810. 11,463. 170. 177. 17 Travel 18 Payments to flravel or entertainment expenses for any federal, state, or local public officials for any federal state, or local public officials line 24e apments on Schedule (I), amount, still rise (24e expenses not Schedule (I), amount, still rise (24e expenses not Schedule (I), amount, still rise (24e expenses on Schedule (I), amount, still rise (10, 10, 10, 10, 10, 10, 10, 10, 10, 10, | 6 | | , | , | , | |
| persons described in section 4958(c)(3)(B) 7 Other salaries and wages 9 Pension pila accruais and contributions (include section 401(k) and 403(b) employer contributions 9 Other employee benefits 10 Payroll taxes 101,617. 85,125. 5,656. 10,836. 11 Fees for services (nonemployees): a Management b Legal 4,729. 1,937. 2,730. 62. c Accounting 63,425. 25,981. 36,616. 828. d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees. g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schol. 91. 3 Office expenses 56,747. 33,265. 14,133. 9,349. 4 Information technology 40,863. 19,775. 13,642. 7,446. 8 Royathes 9 Cocupancy 11,810. 11,463. 170. 177. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Information depletion, and amortization line rate above. (List miscellareuse sepress on Schole IV). a SUB-CONTRACTED SERVICES EMPLOYEE RELATED 14,994. 3,527. 7,546. 3,921. e All other expenses 25 Total functional expenses Add lines 1 through 24e 3 Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined | _ | | | | | |
| 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 400(k) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal 4,729, 1,937, 2,730, 62. c Accounting 6 Lobbying 9 Other. (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schotul, or September 11, 810, 11, 463, 19, 775, 13, 642, 7,446. 17 For Services (nonemployees): 18 Authority 12 Authority 13 Authority 14, 1937, 2,730, 62. 18 Authority 14, 1937, 2,730, 62. 18 Authority 15, 1937, 2,730, 62. 18 Authority 16, 1937, 2,730, 62. 18 Authority 17, 1937, 2,730, 62. 18 Authority 18, 1937, 34, 1937, 34, 1937, 34, 1937, 1 | | | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 405(b) employer contributions) 9 Other employee benefits 9 2, 935. 77, 852. 5, 172. 9, 911. 10 Payroll taxes 1 101, 617. 85, 125. 5, 656. 10, 836. 11 Fees for services (nonemployees): a Management b Legal 4,729. 1,937. 2,730. 62. c Accounting 6 Lobbying e Professional fundraising services. See Part IV, line 17 I Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 1 Agree (11) Agree (12) Agree (13) A | 7 | | 1,056,688. | 847,147. | 76,821. | 132,720. |
| Section 401(k) and 403(b) employer contributions) 9 Other employee benefits 92,935. 77,852. 5,172. 9,911. Payroll taxes 101,617. 85,125. 5,656. 10,836. Fees for services (nonemployees): | | | ,, | , = = : • | - , | |
| 9 Chter employee benefits 92,935. 77,852. 5,172. 9,911. 10 Payroll taxes 101,617. 85,125. 5,656. 10,836. 1 Fees for services (nonemployees): a Management b Legal 4,729. 1,937. 2,730. 62. c. Accounting 63,425. 25,981. 36,616. 828. d. Lobbying e Professional fundraising services. See Part IV, line 17 livestment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 188,416. 152,220. 5,646. 30,550. 12 Advertising and promotion 54,807. 38,397. 4,931. 11,479. 13 Office expenses 56,747. 33,265. 14,133. 9,349. 1 Information technology 40,863. 19,775. 13,642. 7,446. 15 Royaltles 10,809. 11,810. 11,463. 170. 177. 1742 el 19,495. 15,221. 1,627. 2,647. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings linterest 1 Payments to affiliates 2 Depreciation, depletion, and amortization linsurance 1 18,641. 16,780. 1,861. 1 Payments of travel or entertainment expenses for any federal, state, or local public officials (Conferences, conventions, and meetings linterest 1 Payments to affiliates 2 Depreciation, depletion, and amortization linsurance 1 18,641. 16,780. 1,861. 1 Payments of travel or entertainment expenses for any federal, state, or local public officials (Conferences, conventions, and meetings linterest 2 Depreciation, depletion, and amortization linsurance 1 18,641. 16,780. 1,861. 2 Depreciation, depletion, and amortization linsurance 1 18,641. 16,780. 1,861. 2 Depreciation, depletion, and amortization line 24. 2 Depreciation, depletion, and amortization line 24. 3 SUBCONTRACTED SERVICES 2,00,560. 5 EMPLOYEE RELARED 1 14,994. 3,527. 7,546. 3,921. 2 Professional fundrain (A), and (A), and (B), a | - | , | | | | |
| 10 Payroll taxes 101,617. 85,125. 5,656. 10,836. 11 Fees for services (nonemployees): a Management | 9 | | 92,935. | 77,852. | 5,172. | 9,911. |
| 11 Fees for services (nonemployees): a Management b Legal | | | 101,617. | | 5,656. | 10,836. |
| a Management b Legal | | | , , | , | , , , , , | |
| b Legal | | - | | | | |
| c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees Gother. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 19 expenses on Sch O.) 188, 416. 152, 220. 5, 646. 30, 550. 188, 416. 152, 220. 5, 646. 30, 550. 188, 417. 33, 265. 14, 133. 9, 349. 14 Information technology 40, 863. 19, 775. 13, 642. 7, 446. 18 Royalties 16 Cocupancy 11, 810. 11, 463. 170. 177. 17 Travel 19, 495. 15, 221. 1, 627. 2, 647. 19, 495. 15, 221. 1, 627. 2, 647. 19, 495. 15, 221. 1, 627. 2, 647. 19, 495. 15, 221. 1, 627. 2, 647. 19, 495. 15, 221. 1, 627. 2, 647. 19, 495. 15, 221. 1, 627. 2, 647. 19, 495. 15, 221. 1, 627. 2, 647. 19, 495. 15, 221. 1, 627. 2, 647. 19, 495. 15, 221. 1, 627. 2, 647. 19, 495. 19, 495. 15, 221. 1, 627. 2, 647. 19, 495. 19, 49 | | | 4,729. | 1,937. | 2,730. | 62. |
| d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 156,747. 38,397. 4,931. 11,479. 14 Information technology 14 Information technology 15 Royalties 16 Occupancy 11,810. 11,463. 170. 177. 17 Travel 19,495. 15,221. 1,627. 2,647. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Interest 12 Depreciation, depletion, and amortization 18 Insurance 19 Depreciation, depletion, and amortization 19 Insurance 18 SUBCONTRACTED SERVICES 19 EMPLOYEE RELATED 14,994. 3,527. 7,546. 3,921. 20 Interest 21 PROGRAM SUPPLIES 22,989,697. 2,530,680. 199,479. 259,538. | | | 63,425. | 25,981. | 36,616. | 828. |
| e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) | | | , | , | | |
| The street management fees Gother. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 188,416. 152,220. 5,646. 30,550. | | | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 1 88,416. | | | | | | |
| Column (A), amount, list line 11g expenses on Sch 0.) 188, 416. 152, 220. 5, 646. 30, 550. | a | | | | | |
| 13 Office expenses 56,747. 33,265. 14,133. 9,349. 14 Information technology 40,863. 19,775. 13,642. 7,446. 15 Royalties | · | , | 188,416. | 152,220. | 5,646. | 30,550. |
| 13 Office expenses 56,747. 33,265. 14,133. 9,349. 14 Information technology 40,863. 19,775. 13,642. 7,446. 15 Royalties | 12 | · · · · · · · · · · · · · · · · · · · | | 38,397. | | 11,479. |
| 14 | 13 | | | 33,265. | | 9,349. |
| 15 Royalties | 14 | | 40,863. | | | 7,446. |
| 11,810. | 15 | | | | | |
| 17 Travel 19,495. 15,221. 1,627. 2,647. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 19 Payments to affiliates 19 Depreciation, depletion, and amortization 19 Insurance 18,641. 16,780. 1,861. 20 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a SUBCONTRACTED SERVICES 14,994. 3,527. 7,546. 3,921. c PROGRAM SUPPLIES 14,212. 1,212. 1,212. d e All other expenses 1 through 24e 2,989,697. 2,530,680. 199,479. 259,538. 25 Total functional expenses. Add lines 1 through 24e 2,989,697. 2,530,680. 199,479. 259,538. | 16 | | 11,810. | 11,463. | | 177. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a SUBCONTRACTED SERVICES b EMPLOYEE RELATED c PROGRAM SUPPLIES 1,212. 4 All other expenses 25 Total functional expenses. Add lines 1 through 24e 2,989,697. 2,530,680. 199,479. 259,538. | 17 | | 19,495. | 15,221. | 1,627. | 2,647. |
| 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a SUBCONTRACTED SERVICES b EMPLOYEE RELATED c PROGRAM SUPPLIES 11, 212. 11, 212. 21, 212. 259, 538. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | 18 | | | | | |
| 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a SUBCONTRACTED SERVICES b EMPLOYEE RELATED c PROGRAM SUPPLIES 11,212. 220,560. 220,560. 220,560. 220,560. 220,560. 3,921. 24 Other expenses 25 Total functional expenses. Add lines 1 through 24e 2,989,697. 2,530,680. 199,479. 259,538. | | for any federal, state, or local public officials | | | | |
| Payments to affiliates Depreciation, depletion, and amortization 18,641 | 19 | | | | | |
| 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses on toovered 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.) a SUBCONTRACTED SERVICES b EMPLOYEE RELATED c PROGRAM SUPPLIES d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 2 (2,989,697. 2,530,680. 199,479. 259,538.) 2 (3,989,697. 2,530,680. 199,479. 259,538.) | 20 | | | | | |
| Depreciation, depletion, and amortization Insurance Insu | 21 | | | | | |
| Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a SUBCONTRACTED SERVICES b EMPLOYEE RELATED c PROGRAM SUPPLIES 11,212. 1,212. d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 2,989,697. 2,530,680. 199,479. 259,538. | 22 | | | | | |
| 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.) a SUBCONTRACTED SERVICES b EMPLOYEE RELATED c PROGRAM SUPPLIES d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | 23 | Insurance | 18,641. | 16,780. | 1,861. | |
| line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a SUBCONTRACTED SERVICES b EMPLOYEE RELATED c PROGRAM SUPPLIES d e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | 24 | | | | | |
| amount, list line 24e expenses on Schedule 0.) a SUBCONTRACTED SERVICES b EMPLOYEE RELATED c PROGRAM SUPPLIES d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | | | | | | |
| EMPLOYEE RELATED 14,994. 3,527. 7,546. 3,921. | | | | | | |
| PROGRAM SUPPLIES a All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | а | SUBCONTRACTED SERVICES | | | | |
| d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | b | EMPLOYEE RELATED | | | 7,546. | 3,921. |
| e All other expenses 25 Total functional expenses. Add lines 1 through 24e 2,989,697. 2,530,680. 199,479. 259,538. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | С | PROGRAM SUPPLIES | 1,212. | 1,212. | | |
| Total functional expenses. Add lines 1 through 24e 2,989,697. 2,530,680. 199,479. 259,538. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | d | | | | | |
| Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | е | All other expenses | | | | |
| reported in column (B) joint costs from a combined | 25 | Total functional expenses. Add lines 1 through 24e | 2,989,697. | 2,530,680. | 199,479. | 259,538. |
| | 26 | Joint costs. Complete this line only if the organization | | | | |
| | | 1, 7, 1 | | | | |
| | | educational campaign and fundraising solicitation. | | | | |
| Check here if following SOP 98-2 (ASC 958-720) | | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2021)
Part X Balance Sheet

| Par | rt X | Balance Sheet | | | | |
|-----------------------------|----------|--|---|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or n | ote to any line in this Part X | | | |
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 491,971. | 1 | 859,100. |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | 1,041,891. | 3 | 661,270. | |
| | 4 | Accounts receivable, net | | 4 | | |
| | 5 | Loans and other receivables from any current | | | | |
| | | trustee, key employee, creator or founder, sub | | | | |
| | | controlled entity or family member of any of th | iese persons | | 5 | |
| | 6 | Loans and other receivables from other disqui | | | | |
| | | under section 4958(f)(1)), and persons describ | ed in section 4958(c)(3)(B) | | 6 | |
| ι | 7 | Notes and loans receivable, net | | 7 | | |
| Assets | 8 | Inventories for sale or use | | | 8 | |
| Ä | 9 | Prepaid expenses and deferred charges | | 1,500. | 9 | 0. |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | | | |
| | b | Less: accumulated depreciation | | 10c | | |
| | 11 | Investments - publicly traded securities | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | 12 | | |
| | 13 | Investments - program-related. See Part IV, lin | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must ed | | 1,535,362. | 16 | 1,520,370. |
| | 17 | Accounts payable and accrued expenses | | 757,012. | 17 | 499,837. |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complet | | | 21 | |
| es | 22 | Loans and other payables to any current or fo | | | | |
| Liabilities | | trustee, key employee, creator or founder, sub | | | | |
| iab | | controlled entity or family member of any of the | *************************************** | | 22 | |
| _ | 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, | • • | | | |
| | | parties, and other liabilities not included on lin | , ' | | | |
| | | | | 757,012. | 25 | 400 027 |
| | 26 | | . . V | 757,012. | 26 | 499,837. |
| ű | | Organizations that follow FASB ASC 958, c | neck nere 🕨 🔼 | | | |
| nce | 07 | and complete lines 27, 28, 32, and 33. | | 48,688. | 27 | 371,958. |
| ala | 27 | Net assets with depar restrictions | | 729,662. | 28 | 648,575. |
| d B | 28 | Net assets with donor restrictions Organizations that do not follow FASB ASC | | 725,002. | | 0±0,373• |
| Ë. | | and complete lines 29 through 33. | 956, Check here | | | |
| ō | 20 | | do. | | 29 | |
| ets | 29 | Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or | | | 30 | |
| \ss(| 30 | Retained earnings, endowment, accumulated | T T | | 31 | |
| Net Assets or Fund Balances | 31 | | | 778,350. | 32 | 1,020,533. |
| ž | 32 33 | Total liabilities and net assets/fund balances | | 1,535,362. | 33 | 1,520,370. |
| | JJ | Total liabilities and net assets/fund balances | | 1,333,304. | აა | 5 990 (0001) |

| Pa | rt XI │ Reconciliation of Net Assets | | | | | |
|---|---|-----------|-----|-----|-------|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 1,8 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2, | 989 | 9,6 | <u>97.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | | 83. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 778 | 3,3 | 50. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 1, | 02 |),5 | 33. |
| 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 O. | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | L | 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? | | L | 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 | audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | L | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | | |
| За | 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 | ; | | | |
| | Act and OMB Circular A-133? | | L | За | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | Х | |
| | | | F | orm | 990 (| (2021) |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization LIVE THE SOLUTION DBA EARN TO LEARN 26-1151754 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, | Sec | ction A. Public Support | | | | | | |
|--|------|--|----------|-----------------|-----------------|----------|----------|-------------|
| membership fees received. (Do not include any "unusual grants.") 378,995. 990,110. 2469391. 2450806. 3206265. 9495567. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 | Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 378,995. 990,110. 2469391. 2450806. 3206265. 9495567. | 1 | Gifts, grants, contributions, and | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,129. 296. 1,524. 72. 25,615. 28,636. | | membership fees received. (Do not | | | | | | |
| 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 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,129. 296. 1,524. 72. 25,615. 28,636. | | include any "unusual grants.") | 378,995. | 990,110. | 2469391. | 2450806. | 3206265. | 9495567. |
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| The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Callendar year (or fiscal year beginning in) ► 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,129. 296. 1,524. 72. 25,615. 28,636. | | ization's benefit and either paid to | | | | | | |
| furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 | | or expended on its behalf | | | | | | |
| the organization without charge 4 Total. Add lines 1 through 3 | 3 | The value of services or facilities | | | | | | |
| 4 Total. Add lines 1 through 3 378,995. 990,110. 2469391. 2450806. 3206265. 9495567. 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) 468,064. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 378,995. 990,110. 2469391. 2450806. 3206265. 9495567. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,129. 296. 1,524. 72. 25,615. 28,636. | | | | | | | | |
| The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ 7 Amounts from line 4 8 Gross income from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,129. 296. 1,524. 72. 25,615. 28,636. | | the organization without charge | | | | | | |
| by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,129. 296. 1,524. 72. 25,615. 28,636. | 4 | Total. Add lines 1 through 3 | 378,995. | 990,110. | 2469391. | 2450806. | 3206265. | 9495567. |
| governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,129. 296. 1,524. 72. 25,615. 28,636. | 5 | The portion of total contributions | | | | | | |
| supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 378,995 990,110 2469391 2450806 3206265 9495567 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,129 296 1,524 72 25,615 28,636 • | | by each person (other than a | | | | | | |
| on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 378,995. 990,110. 2469391. 2450806. 3206265. 9495567. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,129. 296. 1,524. 72. 25,615. 28,636. | | governmental unit or publicly | | | | | | |
| amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 378,995. 990,110. 2469391. 2450806. 3206265. 9495567. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,129. 296. 1,524. 72. 25,615. 28,636. | | supported organization) included | | | | | | |
| column (f) 468,064. 6 Public support. Subtract line 5 from line 4. 9027503. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 378,995. 990,110. 2469391. 2450806. 3206265. 9495567. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,129. 296. 1,524. 72. 25,615. 28,636. | | on line 1 that exceeds 2% of the | | | | | | |
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| Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 378,995. 990,110. 2469391. 2450806. 3206265. 9495567. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,129. 296. 1,524. 72. 25,615. 28,636. | | column (f) | | | | | | 468,064. |
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| 7 Amounts from line 4 378,995. 990,110. 2469391. 2450806. 3206265. 9495567. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,129. 296. 1,524. 72. 25,615. 28,636. | Sec | ction B. Total Support | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,129. 296. 1,524. 72. 25,615. 28,636. | | | | (b) 2018 | | | | (f) Total |
| dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,129. 296. 1,524. 72. 25,615. 28,636. | 7 | Amounts from line 4 | 378,995. | 990,110. | 2469391. | 2450806. | 3206265. | 9495567. |
| securities loans, rents, royalties, and income from similar sources 1,129. 296. 1,524. 72. 25,615. 28,636. | 8 | Gross income from interest, | | | | | | |
| and income from similar sources 1,129. 296. 1,524. 72. 25,615. 28,636. | | dividends, payments received on | | | | | | |
| ··· · · · · · · · · · · · · · · · | | securities loans, rents, royalties, | | | | | | |
| 9 Net income from unrelated business | | and income from similar sources | 1,129. | 296. | 1,524. | 72. | 25,615. | 28,636. |
| | 9 | Net income from unrelated business | | | | | | |
| activities, whether or not the | | activities, whether or not the | | | | | | |
| business is regularly carried on | | business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain | 10 | Other income. Do not include gain | | | | | | |
| or loss from the sale of capital | | · | | | | | | |
| assets (Explain in Part VI.) | | assets (Explain in Part VI.) | | | | | | 0504000 |
| | 11 | Total support. Add lines 7 through 10 | | | | | | 9524203. |
| 12 Gross receipts from related activities, etc. (see instructions) | | • | • | , | | | | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) | 13 | _ | - | | • | | | . \Box |
| organization, check this box and stop here | 804 | | | | | | | > |
| Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 94.78 9 | | • | | | - L (n) | | | 0170 |
| | | | | | | | | 0.6.65 |
| | | | | | | | | |
| 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and | 16a | | | | | | | |
| stop here. The organization qualifies as a publicly supported organization ▶ X b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | h | | | | | | | |
| | b | | | | | | | |
| and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, | 170 | | | • | | | | |
| and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | 114 | | - | | | | | |
| The control of the second street of the second stre | | · · | | • | - | | · · | ▶ □ |
| b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | h | | · · | • | | | | |
| more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the | J | | ū | | | | Ť | 1070 01 |
| organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | , | | • | | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | 18 | | | | | | | |

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

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

| Se | ction A. Public Support | | | | | | |
|------|--|-----------------------------|--------------------------|----------------------|----------------------|----------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| k | 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| (| Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 601(c)(3) organizati | on, |
| | check this box and stop here | | | | | | > |
| Se | ction C. Computation of Publi | c Support Per | centage | | | | |
| 15 | Public support percentage for 2021 (I | ine 8, column (f), d | livided by line 13, o | column (f)) | | 15 | % |
| | Public support percentage from 2020 | · | | | | 16 | % |
| Se | ction D. Computation of Inves | tment Income | Percentage | | | | |
| 17 | Investment income percentage for 20 |)21 (line 10c, colur | mn (f), divided by li | ne 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | | | | | 18 | % |
| 19 | a 33 1/3% support tests - 2021. If the | organization did r | not check the box | on line 14, and line | e 15 is more than 3 | 3 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box ar | nd stop here. The | organization quali | fies as a publicly s | supported organiza | ition | > |
| k | 33 1/3% support tests - 2020. If the | organization did r | not check a box on | line 14 or line 19a | a, and line 16 is mo | ore than 33 1/3%, a | and |
| | line 18 is not more than 33 1/3%, che | ck this box and st | op here. The orga | nization qualifies a | as a publicly suppo | orted organization | |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19a | a, or 19b, check th | nis box and see ins | structions | |

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.
- 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-----|-----|----|
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| Par | TIV Supporting Organizations (continued) | | | |
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| | | | 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 | | |
| | 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 | | |
| Sect | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| | 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, | | | |
| Sact | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations | 2 | | |
| OCOL | tion of Type it oupporting organizations | | V | NI. |
| 4 | Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors | | Yes | No |
| | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Sect | tion D. All Type III Supporting Organizations | • | | |
| | <i>7</i> • • | | 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 | | | |
| Caat | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| | | | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | , | |
| с 2 | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below. | truction | yes | No |
| | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 162 | NO |
| | 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. | 2a | | |
| | 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. | 2b | | |
| | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | 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. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pai | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Orgai | nizations | |
|------|---|-------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyi | ng trust on | Nov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must | | • | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| _7_ | Other expenses (see instructions) | 7 | | |
| _8_ | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| _1_ | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |

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

Schedule A (Form 990) 2021

instructions).

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| Par | t V Type III Non-Functionally Integrated 509(| (a)(3) Supporting Orga | ınizations _{(continu} | ued) | |
|----------------|--|---------------------------------------|--------------------------------|---|--------------|
| Secti | on D - Distributions | | • | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | S | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive | | | | |
| | (provide details in Part VI). See instructions. | | 8 | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (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 | | | | |
| ее | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2021 distributable amount | | | | |
| <u>i</u> | Carryover from 2016 not applied (see instructions) | | | | |
| _ <u>j</u> _ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: \$ | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | | |
| <u> b</u> | 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. | | | | |
| 88 | Breakdown of line 7: | | | | |
| <u>a</u> | Excess from 2017 | | | | |
| <u>b</u> | Excess from 2018 | | | | |
| с | Excess from 2019 | | | | |
| d | Excess from 2020 | | | | |

Schedule A (Form 990) 2021

e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

| Contributor's Name | Total Contributions | Excess Contributions |
|---|------------------------|-------------------------|
| CIT BANK | 305,000. | 114,516. |
| FREEPORT-MCMORAN FOUNDATION | 250,000. | 59,516. |
| DIANE AND BRUCE HALLE FOUNDATION | 250,000. | 59,516. |
| GARCIA FAMILY FOUNDATION | 425,000. | 234,516. |
| | | |
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| | | |
| | | |
| Total Excess Contributions to Schedule A, Part II, Line 5 | | 468,064. |

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

THE SOLUTION DBA EARN TO LEARN

2024

2021

OMB No. 1545-0047

•

Employer identification number

26-1151754

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

LIVE THE SOLUTION DBA EARN TO LEARN

26-1151754

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | ARIZONA OFFICE OF THE GOVERNOR 1700 W. WASHINGTON STREET PHOENIX, AZ 85007 | \$ <u>1,436,074.</u> | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | AMERICORPS GOVERNOR'S OFFICE OF YOUTH, FAITH AND FAMILY 1700 W. WASHINGTON, SUITE 230 PHOENIX, AZ 85007 | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | CIT BANK FORMERLY MUTUAL OF OMAHA BANK 75 NORTH FAIR OAKS AVENUE PASADENA, CA 91103 | \$\$ | Person X Payroll |
| (a) | (b) | (c) | (d) |
| | Name, address, and ZIP + 4 GARCIA FAMILY FOUNDATION 1720 W RIO SALADO PARKWAY, SUITE 1 TEMPE, AZ 85281 | \$ 425,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | APS P.O. BOX 53940 PHOENIX, AZ 85072 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | NINA MASON PULLIAM CHARITABLE TRUST 2201 E. CAMELBACK ROAD, SUITE 600B PHOENIX, AZ 85016 | \$190,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

LIVE THE SOLUTION DBA EARN TO LEARN

26-1151754

| Part I | Contributors (see instructions). Use duplicate copies of Part I if add | itional space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | FREEPORT-MCMORAN FOUNDATION 333 NORTH CENTRAL AVENUE PHOENIX, AZ 85004 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | ARIZONA DEPARTMENT OF EDUCATION 1535 WEST JEFFERSON #37 PHOENIX, AZ 85007 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| NO. | Name, address, and Zir + 4 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

LIVE THE SOLUTION DBA EARN TO LEARN

26-1151754

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

| LIVE T | THE SOLUTION DBA EARN TO | O LEARN | | | 26-1151754 |
|---------------------------|--|--|---------------------|---------------------|--|
| Part III | Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional | ions to organizations descril) through (e) and the followin charitable, etc., contributions of \$ | a line entry. For a | organizations | nat total more than \$1,000 for the year |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of g | ift | (d) Desc | ription of how gift is held |
| | | (e) Transfe | er of gift | | |
| | Transferee's name, address, a | nd ZIP + 4 | R | elationship of tran | nsferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of g | ift | (d) Desc | ription of how gift is held |
| - | Transferee's name, address, a | (e) Transfe | | elationship of trar | nsferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of g | ift | (d) Desc | ription of how gift is held |
| - | | (e) Transfe | er of gift | | |
| - | Transferee's name, address, a | Relationship of transferor to transferee | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Desc | ription of how gift is held |
| | | (e) Transfe | er of gift | | |
| | Transferee's name, address, a | nd ZIP + 4 | R | elationship of trar | nsferor to transferee |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

LIVE THE SOLUTION DBA EARN TO LEARN

Employer identification number 26-1151754

| | | (a) Donor advised funds | | (b) Funds and other accounts |
|-----|---|------------------------------------|------------------|--------------------------------|
| 1 | Total number at end of year | | | |
| | 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 wi | riting that the assets held in do | nor advised fu | nds |
| | are the organization's property, subject to the organization's ex | clusive legal control? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | visors in writing that grant fund | s can be used | only |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other | purpose confe | erring |
| | impermissible private benefit? | | | |
| Par | t II Conservation Easements. Complete if the orga | nization answered "Yes" on Fo | orm 990, Part I | V, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all that apply). | | |
| | Preservation of land for public use (for example, recreation | on or education) Prese | rvation of a his | storically important land area |
| | Protection of natural habitat | Prese | rvation of a ce | rtified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | d conservation contribution in | the form of a c | |
| | day of the tax year. | | | Held at the End of the Tax Yea |
| а | Total number of conservation easements | | | 2a |
| b | Total acreage restricted by conservation easements | | | 2b |
| С | Number of conservation easements on a certified historic struc | ture included in (a) | | 2c |
| d | Number of conservation easements included in (c) acquired aft | er 7/25/06, and not on a histor | ic structure | |
| | listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, release | ased, extinguished, or terminat | ed by the orga | nization during the tax |
| | year > | | | |
| 4 | Number of states where property subject to conservation ease | ment is located > | | |
| 5 | Does the organization have a written policy regarding the period | dic monitoring, inspection, har | ndling of | |
| | violations, and enforcement of the conservation easements it h | olds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, ha | andling of violations, and enfor | cing conservat | tion easements during the year |
| | > | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling | ng of violations, and enforcing | conservation e | easements during the year |
| | > \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | satisfy the requirements of sec | tion 170(h)(4)(l | B)(i) |
| | and section 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | n easements in its revenue and | expense state | ement and |
| | balance sheet, and include, if applicable, the text of the footno | te to the organization's financi | al statements t | hat describes the |
| | organization's accounting for conservation easements. | | | |
| Par | t III Organizations Maintaining Collections of <i>I</i> | Art, Historical Treasure | s, or Other | Similar Assets. |
| | Complete if the organization answered "Yes" on Form 9 | 90, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under FASB ASC 958, | , not to report in its revenue sta | tement and ba | alance sheet works |
| | of art, historical treasures, or other similar assets held for publi | c exhibition, education, or rese | arch in further | ance of public |
| | service, provide in Part XIII the text of the footnote to its finance | ial statements that describes t | nese items. | |
| b | If the organization elected, as permitted under FASB ASC 958, | to report in its revenue statem | ent and balan | ce sheet works of |
| | art, historical treasures, or other similar assets held for public e | exhibition, education, or resear | ch in furtheran | ce of public service, |
| | provide the following amounts relating to these items: | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | • \$ |
| | (m) | | | . . |
| 2 | If the organization received or held works of art, historical treas | | | |
| | the following amounts required to be reported under FASB AS | | ŭ | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | > \$ |
| | Assets included in Form 000 Part V | | | |

| Pa | rt III Organizations Maintaining Co | llections of Ar | t, Historica | al Tre | asures, o | r Othe | r Sir | nilar As | sets | (conti | nued) | |
|----|---|---------------------------------|--------------------|----------|---------------------|------------|------------------|------------------|-------------|-----------------|--------|------|
| 3 | Using the organization's acquisition, accession | , and other record | s, check any | of the f | ollowing that | make s | ignific | cant use o | of its | | | |
| | collection items (check all that apply): | | | | | | | | | | | |
| а | Public exhibition | d | I Loan | or exc | hange progra | am | | | | | | |
| b | Scholarly research | е | e Other | | | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's colle | ections and explair | n how they fur | ther th | ne organizatio | n's exer | mpt p | urpose in | Part > | (III. | | |
| 5 | During the year, did the organization solicit or r | eceive donations of | of art, historic | al treas | sures, or othe | er similar | r asse | ets | | | | |
| | to be sold to raise funds rather than to be main | ntained as part of t | he organizatio | n's co | llection? | | | | | Yes | | No |
| Pa | rt IV Escrow and Custodial Arrange | ements. Comple | ete if the orga | nizatio | n answered ' | 'Yes" on | Forr | n 990, Pa | rt IV, li | ne 9, or | | |
| | reported an amount on Form 990, Part | X, line 21. | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodian | or other intermed | iary for contri | outions | s or other ass | sets not | inclu | ded | | | | |
| | on Form 990, Part X? | | | | | | | | . \square | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII ar | | | | | | _ | | | | | |
| | | | | | | | L | | | Amoun | t | |
| С | Beginning balance | | | | | | L | 1c | | | | |
| | Additions during the year | | | | | | | 1d | | | | |
| | Distributions during the year | | | | | | | 1e | | | | |
| | Ending balance | | | | | | | 1f | | | | |
| | Did the organization include an amount on For | | | | | | | | 🗀 | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII. C | heck here if the ex | planation has | been | provided on I | Part XIII | | | | | | |
| Pa | rt V Endowment Funds. Complete if t | he organization an | swered "Yes | on Fo | rm 990, Part | IV, line | 10. | | | | | |
| | | (a) Current year | (b) Prior y | ear | (c) Two year | rs back | (d) [⊺] | hree years | back | (e) Fou | years | back |
| 1a | Beginning of year balance | | | | | | | | | | | |
| b | | | | | | | | | | | | |
| С | | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | | | |
| | and programs | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | |
| g | | | | | | | | | | | | |
| 2 | Provide the estimated percentage of the currer | nt year end balance | e (line 1g, colu | ımn (a) |) held as: | | | | • | | | |
| а | | | % | | • | | | | | | | |
| b | | | _ | | | | | | | | | |
| С | Term endowment > % | | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | d equal 100%. | | | | | | | | | | |
| За | Are there endowment funds not in the possess | • | ation that are I | neld ar | nd administer | ed for th | ne ord | anization | 1 | | | |
| | by: | · · | | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | ons listed as requir | ed on Schedu | ıle R? | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the o | | | | | | | | | | | |
| Pa | rt VI Land, Buildings, and Equipme | | | | | | | | | | | |
| | Complete if the organization answered | "Yes" on Form 990 |), Part IV, line | 11a. S | ee Form 990 | , Part X, | line ' | 10. | | | | |
| | Description of property | (a) Cost or o basis (investr | | | or other (other) | | Accun epreci | nulated ation | | (d) Boo | k valu | е |
| 1a | Land | | | | | | | | | | | |
| | | | | | | | | | | | | |
| c | | | | | | | | | | | | |
| | Equipment | | | | | | | | | | | |
| | Other | | | | | | | | | | | |
| | I. Add lines 1a through 1e. (Column (d) must equ | | X. column (B). | line 1 | 0c.) | | <u></u> . | ▶ | | | | 0. |

Schedule D (Form 990) 2021

| Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category including name of security (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (D) (D) (E) (F) (G) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D | | UTION DBA EAR | RN TO LEARN 26 | -1151754 Page |
|--|--|-----------------------------|---|------------------------|
| (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Financial derivatives (3) Other (A) (B) (C) (C) (E) (F) (G) (H) (Part VIII) Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) (g) (g) (h) (h) (h) (h) (h) (h | Part VII Investments - Other Securities. | n Form 990 Part IV line 1 | 11h See Form 990 Part Y line 12 | |
| (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (F) (G) (H) (D) (D) (E) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F | | | | d-of-vear market value |
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| (3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H) (D) (E) (F) (G) (H) (G) (H) (F) (G) (H) (G) (H) (F) (G) (H) (H) (G) (H) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H | | | | |
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| (B) (C) (C) (E) (F) (G) (F) (G) (H) (Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part Viii Investments - Program Related. | • • | | | |
| (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (d) (e) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g | · · · | | | |
| (D) (E) (F) (G) (H) (H) (F) (G) (H) (H) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G | - ` ' | | | |
| (E) (F) (G) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.) ▶ Part Viii Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (2) (3) (4) (5) (6) (7) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (5) (6) (6) (7) (7) (9) (9) (9) (9) (9) (1) (1) (2) (1) (3) (4) (5) (5) (6) (6) (7) (7) (9) (9) (9) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (5) (6) (6) (7) (7) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8 | • • • | | | |
| (F) (G) (H) Total. (Col. (t)) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Col. (b)) must equal Form 990, Part X, col. (B) line 13.) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (7) (9) (9) (9) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | • • | | | |
| (G) (H) (H) (Data: (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. | ` ' | | | |
| (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. | | | | |
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| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. | Complete if the organization answered "Yes" o | n Form 990, Part IV, line 1 | 11c. See Form 990, Part X, line 13. | |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
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| 1. (a) Description of liability (b) Book value (1) Federal income taxes | Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | <u>15.)</u> | > | |
| (1) Federal income taxes | Complete if the organization answered "Yes" o | n Form 990, Part IV, line 1 | 11e or 11f. See Form 990, Part X, line 25 | |
| | 1. (a) Description of liability | | | (b) Book value |
| | (1) Federal income taxes | | | |
| (2) | (2) | | | |
| | (3) | | | |

(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

| Dort VI | Dagan | ailiatian d | of Davis | | Audited Eiger | 10i0l C | tatama: | -t- V | lith Davison | 10 00 |
|------------|-------------|-------------|----------|-------|---------------|---------|---------|-------|--------------|-------|
| ochequie D | (FUIIII 990 | 1) 2021 | <u> </u> | 11111 | DODOTION | מעע | TITITI | 10 | T17777774 | |

| Pai | Reconciliation of Revenue per Audited Financial Sta | itements with Re | evenue per ne | | |
|----------------------------------|--|---|---------------|-------------|--------------------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, li | ine 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 3,241,854. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | 9,974. | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 9,974. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,231,880. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| | Add lines 4a and 4b | | | 4c | 0. |
| С | Add into the drie the | | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 |) | | 5 | 3,231,880. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St | atements With E | xpenses per l | 5 Return | 3,231,880. n. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | atements With E | xpenses per l | 5 Return | 1. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St | 2) c atements With E ine 12a. | xpenses per | 5 Return | 3,231,880. n. 2,999,671. |
| 5 Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | 2) catements With E ine 12a. | xpenses per l | 1 | 1. |
| 5 Pa 1 2 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements | atements With E | xpenses per | 1 | 1. |
| 5 Pa 1 2 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | zatements With E ine 12a. | xpenses per l | 1 | 1. |
| 5 Pa 1 2 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | catements With E ine 12a. | xpenses per l | 1 | 1. |
| 5 Pa 1 2 a b | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2) catements With E ine 12a. 2a 2b 2c | xpenses per l | 1 | n. 2,999,671. |
| 5 Pa 1 2 a b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2) catements With E ine 12a. 2a 2b 2c 2d | 9,974. | 1 | 9,974. |
| 5 Pa 1 2 a b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2) catements With E ine 12a. 2a 2b 2c 2d | 9,974. | 1 | n. 2,999,671. |
| Pa 1 2 a b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2) catements With E ine 12a. 2a 2b 2c 2d | 9,974. | 1 | 9,974. |
| 1 2 a b c d e 3 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2) catements With E ine 12a. 2a 2b 2c 2d | 9,974. | 1 | 9,974. |
| 1 2 a b c d e 3 4 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2) catements With E ine 12a. 2a 2b 2c 2d | 9,974. | 1 | 9,974. |
| 1 2 a b c d e 3 4 a b | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2) catements With E ine 12a. 2a 2b 2c 2d 4a 4b | 9,974. | 1 | 9,974. 2,989,697. |
| 5 Pa 1 2 a b c d e 3 4 a b c 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2) catements With E ine 12a. 2a 2b 2c 2d 4a 4b | 9,974. | 2e 3 | 9,974. 2,989,697. |

| Part 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.

PART X, LINE 2:

EARN TO LEARN IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). HOWEVER, NET INCOME FROM ADVERTISING ACTIVITIES NOT DIRECTLY RELATED TO EARN TO LEARNS'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THERE WAS NO INCOME TAX EXPENSE FOR SUCH UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30, 2022 AND 2021. EARN TO LEARN IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE IRC.

EARN TO LEARN'S POLICY IS TO DISCLOSE OR RECOGNIZE INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE, RESPECTIVELY, THAT A LIABILITY HAS BEEN INCURRED FOR

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 26 – 1151751

| LIVE TH | E SOLUTION DBA EAR | T I |) LI | EARN | 26-1151 | 754 | |
|--|---|---|--------------------|-----------------------------------|--|---|--|
| Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not | | | | | | | |
| required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. | | | | | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have c or cor contrib | ustody itrol of | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization | |
| | | Yes | No | | | | |
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| Total | | • | | | | | |
| 3 List all states in which the organization or licensing. | on is registered or licensed to solicit c | | utions | or has been notified | it is exempt from re | gistration | |
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26-1151754 Page 2 LIVE THE SOLUTION DBA EARN TO LEARN Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events VIRTUAL NONE (add col. (a) through LUNCHEON col. (c)) (event type) (event type) (total number) 20,500. 20,500. 1 Gross receipts 20,500. 20,500. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

| Sch | ledule G (Form 990) 2021 LIVE THE SOLUTION DBA EARN TO LEARN 26-1 | 1151/54 | Page 3 |
|-----|---|------------------|---------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | ☐ No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| | a The organization's facility | 13a | % |
| | o An outside facility | 13b | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | 100 | |
| 17 | the file the filance and address of the person who prepares the organization's gaming/special events books and records. | | |
| | Name | | |
| | Address | | |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | ☐ No |
| b | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | |
| | of gaming revenue retained by the third party > \$ | | |
| c | If "Yes," enter name and address of the third party: | | |
| | | | |
| | Name | | |
| | Address ▶ | | |
| | | | |
| 16 | Gaming manager information: | | |
| | Name | | |
| | Gaming manager compensation > \$ | | |
| | —————————————————————————————————————— | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| | bliector/officer Employee maependent contractor | | |
| 17 | Mandatory distributions: | | |
| | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| 6 | | Yes | ☐ No |
| | retain the state gaming license? | 163 | NO |
| K. | • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| Da | organization's own exempt activities during the tax year \$ Supplemental Information Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV Supplemental Information Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV Supplemental Information Provide the explanations required by Part II, line 2b, columns (iii) and (v); and Part IV Provide the explanations required by Part II, line 2b, columns (iii) and (v); and Part IV Provide the explanations required by Part IV Provide the explanations required | | 05 105 |
| ı u | | t III, IIIIes 9, | 90, 100, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
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| Schedule G | (Form 990) | LIVE | THE | SOLUTION | DBA | EARN | то | LEARN | 26-1151754 | Page 4 |
|------------|-------------------------------|------------------|----------|----------|-----|------|----|-------|------------|--------|
| Part IV | (Form 990) Supplemental Infor | mation $_{\ell}$ | continue | ed) | | | | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection **Employer identification number** Name of the organization 26-1151754 LIVE THE SOLUTION DBA EARN TO LEARN Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

| Part III can be duplicated if additional space is needed. | | | | | |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| | | | | | |
| MATCHING GRANT SCHOLARSHIPS | 624 | 727,374. | 0. | | |
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| Part IV Supplemental Information. Provide the information req | uired in Part I, lin | e 2; Part III, column | (b); and any other ac | lditional information. | |
| 990 SCH I, LINE 2 | | | | | |
| THE ORGANIZATION MAINTAINS LISTS OF | F ELIGIBL | E STUDENTS | WHICH ARE | SHARED | |
| WITH ITS EDUCATIONAL PARTNERS. EAR | N TO LEAR | N CONFIRMS | EILIBIBIL | ITY | |
| BASED ON STUDENT SAVINGS ACCOUNT BA | ALANCES A | ND COMPLET | ION OF PRO | GRAM | |
| REQUIREMENTS WHILE THE EDUCATIONAL | PARTNER | CONFIRMS E | LIGIBILITY | BASED | |
| ON ADMISSION AND FINANCIAL AID REQU | JIREMENTS | . A RECONC | ILIATION I | S | |
| PERFORMED AFTER GRANTS ARE MADE TO | | | | | |
| ELIGIBILE. | | | | | |
| | | | | | |

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

pen to Public
Inspection

Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

LIVE THE SOLUTION DBA EARN TO LEARN

 $\begin{array}{c} \text{Employer identification number} \\ 26-1151754 \end{array}$

| | | | Yes | No |
|------------|--|----|-----|----|
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee Written employment contract | | | |
| | X Independent compensation consultant X Compensation survey or study | | | |
| | X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | Х |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | Х |
| | Any related organization? | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | Х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | (B) Breakdown of W | J-2 and/or 1099-MISO compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) | |
|-------------------------|-----------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|----|
| (A) Name and Title | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 | |
| (1) KATHERINE L HOFFMAN | (i) | 161,499. | 12,000. | 0. | 0. | 17,069. | 190,568. | 0. |
| CHIEF EXECUTIVE OFFICER | (ii) | | 0. | 0. | 0. | 0. | 0. | 0. |
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| Fait in Supplemental information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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SCHEDULE 0 (Form 990)

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

LIVE THE SOLUTION DBA EARN TO LEARN

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

Employer identification number 26-1151754

| TO NO STUDENT DEBT. |
|---|
| |
| WE ACCOMPLISH THIS MISSION THROUGH AN INNOVATIVE, FOUR-PILLAR APPROACH |
| TO FINANCIAL PREPARATION INCLUDING: |
| - MATCHED SAVINGS SCHOLARSHIPS: STUDENT SAVINGS ARE MATCHED 8:1 THROUGH |
| A PUBLIC-PRIVATE FUNDING MODEL PROVIDING UP TO \$4,500 IN FUNDING PER |
| ACADEMIC YEAR. |
| - SUCCESS COACHING & ADVISING: ASSIST IN COMPLETING APPLICATIONS FOR |
| ADMISSIONS AND FINANCIAL AID, TROUBLESHOOTING OBSTACLES, AND NAVIGATING |
| UNIVERSITY SERVICES. |
| - FINANCIAL EDUCATION: PERSONAL FINANCE TRAINING INTRODUCES STUDENTS TO |
| BEST PRACTICES IN PERSONAL FINANCE, FINANCIAL LITERACY, AND COMMITTING |
| TO A LIFETIME OF SAVING HELPING REDUCE STUDENT LOAN DEBT AND PREPARE |
| FOR A HEALTHY FINANCIAL LIFE. |
| WORKFORCE READINESS STUDENTS DEVELOP THE SKILLS EMPLOYERS SEEK WHEN |
| HIRING, INCLUDING CRITICAL THINKING, PLANNING, LEADERSHIP, AND |
| TEAMWORK. WE ALSO PROVIDE TRAINING SUCH AS RESUME WRITING AND |
| INTERVIEWING. |
| |
| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: |
| UNDERREPRESENTED STUDENTS OBTAIN A COLLEGE EDUCATION AND GRADUATE READY |
| TO ENTER THE WORKFORCE WITH LITTLE OR NO STUDENT LOAN DEBT. STUDENTS |
| AND THEIR FAMILIES WHO INCOME-QUALIFY, DEPOSIT \$500 INTO A SAVINGS |
| ACCOUNT EACH YEAR, WHICH IS THEN MATCHED 8:1 THROUGH A PUBLIC PRIVATE |
| FUNDING MODEL WHICH BRINGS THE TOTAL AVAILABLE FUNDS PER STUDENT TO |

Name of the organization

LIVE THE SOLUTION DBA EARN TO LEARN

Employer identification number 26-1151754

\$4,500 PER ACADEMIC YEAR TO FURTHER OFFSET THE COST OF ATTENDANCE AND ADDRESS ANY UNMET NEED.

THE HOLISTIC APPROACH IS ALREADY SHOWING PROMISING RESULTS. DATA

DEMONSTRATES EARN TO LEARN'S FIRST-YEAR RETENTION RATE APPROACHING 90%.

OVER HALF OF EARN TO LEARN STUDENTS ARE FIRST-GENERATION COLLEGE

STUDENTS, WHO OFTEN HAVE DIFFICULTY FINANCING COLLEGE WHILE ALSO

BALANCING THE CHALLENGES OF DAILY LIFE. EARN TO LEARN CAN BE THE

DIFFERENCE BETWEEN DROPPING OUT AND EARNING A DEGREE WHICH MAY ALTER

THE COURSE OF THEIR LIVES. STUDENTS ARE SUPPORTED IN GRADUATING FROM

COLLEGE AT RATES WELL ABOVE THE NATIONAL AVERAGE, WITH NEARLY HALF OF

THESE GRADUATES AVOIDING ANY STUDENT LOAN DEBT. THOSE WHO DO BORROW ARE

EXPECTED TO CARRY MUCH LESS DEBT THAN OTHER BORROWERS. EARN TO LEARN

CHANGES LIVES AND OPENS THE DOORS OF HIGHER EDUCATION TO THOSE WHO MAY

NOT OTHERWISE HAVE CONSIDERED THAT THEY TOO COULD SHARE THE AMERICAN

DREAM OF ACHIEVING ADVANCED EDUCATIONAL ATTAINMENT.

BACKGROUND:

ARIZONA IS THE FIRST STATE IN THE COUNTRY TO IMPLEMENT A PROGRAM LIKE

EARN TO LEARN TO SUPPORT STUDENTS WITH MATCHED COLLEGE SAVINGS.

EARN TO LEARN IS CURRENTLY PARTNERED IN ARIZONA WITH ARIZONA STATE

UNIVERSITY, NORTHERN ARIZONA UNIVERSITY, UNIVERSITY OF ARIZONA,

MARICOPA COMMUNITY COLLEGE DISTRICT, PIMA COMMUNITY COLLEGE AND IS

PLANNING TO EXPAND TO THE RURAL COMMUNITY COLLEGES.

EARN TO LEARN IS BASED ON A PUBLIC PRIVATE FUNDING MODEL WITH A 60/40 SPLIT WHICH LAUNCHED IN THE 2019/2020 ACADEMIC YEAR.

Name of the organization

LIVE THE SOLUTION DBA EARN TO LEARN

Employer identification number 26-1151754

THE PROGRAM HAS GARNERED ATTENTION FROM THE GOVERNOR'S OFFICE UNDER THE
UMBRELLA OF WORKFORCE DEVELOPMENT AND THEY ARE PROVIDING ADDITIONAL

EARN TO LEARN MAY BE CONSIDERED A SUPPLEMENT TO THE FEDERAL PELL GRANT

PROGRAM - HELPING STUDENTS TO FURTHER OFFSET EDUCATIONAL RELATED

EXPENSES, EFFECTIVELY PICKING UP WHERE PELL IS FALLING SHORT. THE

PURCHASING POWER OF FEDERAL PELL GRANTS HAS FALLEN PRECIPITOUSLY OVER

THE YEARS.

PROGRAM SUCCESS:

PROGRAMMATIC SUPPORT.

EARN TO LEARN HAS ALREADY SEEN PROMISING RESULTS INCLUDING HIGH FIRST-YEAR RETENTION, PERSISTENCE AND GRADUATION RATES.

THE BUSINESS COMMUNITY IS INCREASINGLY AWARE OF ITS STAKE IN ENSURING

THE SUCCESS OF THEIR FUTURE EMPLOYEE PIPELINE, AND STATES AND

COMMUNITIES WANT TO ATTRACT AND RETAIN BRIGHT MINDS INTO THEIR

WORKFORCE.

OVER 2,000 EARN TO LEARN STUDENTS HAVE ENROLLED AND SUCCESSFULLY

PARTICIPATED IN THE PROGRAM. THE TARGET POPULATION INCLUDES TRADITIONAL

STUDENTS FROM PUBLIC, PRIVATE AND CHARTER HIGH SCHOOLS WHO INCOME

QUALIFY AND ARE ELIGIBLE FOR IN-STATE TUITION AND FEDERAL FINANCIAL

AID. COMMUNITY COLLEGE TRANSFER STUDENTS ARE ALSO ELIGIBLE TO

PARTICIPATE IF THEY INCOME QUALIFY AND ARE ELIGIBLE FOR INSTATE TUITION

AND FEDERAL FINANCIAL AID.

Name of the organization LIVE THE SOLUTION DBA EARN TO LEARN 26-1151754

SUCCESS METRICS:

THE BREAKDOWN OF THE PROGRAM'S ANNUAL OVERALL FIRST-YEAR RETENTION RATE

APPEARS TO BE APPROACHING 90% STATEWIDE SINCE THE PROGRAM'S LAUNCH IN

JANUARY OF 2013.

EARN TO LEARN STUDENTS HAVE INVESTED OVER \$3.8M IN THEIR EDUCATION AND
HAVE EARNED AN ADDITIONAL \$31M IN ADDITIONAL GRANT AID THROUGH THE
PROGRAM'S 8:1 MATCH.

EARN TO LEARN HAS PROVIDED NEARLY 39,000 HOURS OF PERSONAL FINANCE

TRAINING TO APPROXIMATELY 6,200 STUDENTS IN ARIZONA. PERSONAL FINANCE

TRAINING IS A PREREQUISITE TO APPLY TO THE PROGRAM.

EARN TO LEARN'S PROJECTED 6-YEAR GRADUATION RATE APPEARS TO BE

APPROACHING 80%. THE PROGRAM SERVES FAMILIES UP TO 200% OF THE FEDERAL

POVERTY LEVEL WHICH MEANS MOST OF THE STUDENTS SERVED ARE PELL

ELIGIBLE. AS A POINT OF COMPARISON, THE NATIONAL 6-YEAR GRADUATION RATE

FOR THE PELL ELIGIBLE TARGET POPULATION IS LESS THAN 40% ACCORDING TO

REPORTS FROM THE DEPARTMENT OF EDUCATION.

EARN TO LEARN STUDENTS ARE BORROWING SIGNIFICANTLY LESS THAN THEIR

PEERS. THE AVERAGE STUDENT LOAN DEBT OF STUDENT BORROWERS FROM ASU, NAU

AND UA IS APPROXIMATELY \$23,000 BY THE TIME OF GRADUATION. EARN TO

LEARN STUDENTS ON AVERAGE ARE GRADUATING WITH LITTLE TO NO STUDENT LOAN

DEBT - RANGING FROM ZERO STUDENT LOAN DEBT TO LESS THAN \$10,000.

NATIONAL INTEREST:

Name of the organization

LIVE THE SOLUTION DBA EARN TO LEARN

STATES EXPRESSING INTEREST IN REPLICATING THE MODEL INCLUDING

UNIVERSITY AND COMMUNITY COLLEGE SYSTEMS FROM ACROSS THE COUNTRY.

ARIZONA HAS A TREMENDOUS OPPORTUNITY TO LEAD THE NATION IN A HIGHLY

INNOVATIVE APPROACH TO FINANCING HIGHER EDUCATION.

AS EARN TO LEARN CONTINUES TO GAIN MOMENTUM AS AN INNOVATIVE FINANCIAL

AID MODEL GIVEN ITS FINANCIAL LITERACY TRAINING, PERSONALIZED SUCCESS

COACHING AND UNPARALLELED SAVINGS MATCH, THIS PROGRAM HAS THE CAPACITY

TO PROVIDE A NEW PLAYBOOK FOR FINANCIAL AID. THE ENTHUSIASM GENERATED

BY EARN TO LEARN IS GROUNDED IN SIMPLE, FUNDAMENTAL ECONOMICS AND GETS

BACK TO THE PRINCIPLES ON WHICH OUR NATION WAS FOUNDED: TEACHING

CITIZENS FINANCIAL FUNDAMENTALS AND EXPANDING ACCESS TO EDUCATION TO

ENHANCE THEIR ECONOMIC MOBILITY, AVOID THE BURDEN OF DEBT AND IMPROVE

SOCIETAL OUTCOMES.

THE EARN TO LEARN ACT, FEDERAL LEGISLATION INTRODUCED BY U.S. SENATORS

MITT ROMNEY (R-UT) AND KYRSTEN SINEMA (D-AZ) IN APRIL 2021. A

BIPARTISAN COMPANION BILL IN THE U.S. HOUSE WAS INTRODUCED BY

CONGRESSWOMAN SUSIE LEE (D-NV) AND CONGRESSMAN DAVID SCHWEIKERT (R-AZ)

IN JUNE 2021. THE EARN TO LEARN ACT WOULD CREATE A FEDERALLY FUNDED

PROGRAM HOUSED IN THE DEPARTMENT OF EDUCATION SUPPORTING APPROXIMATELY

250,000 SCHOLARSHIP OPPORTUNITIES ACROSS THE UNITED STATES"

KEY DEFINITION: EARN TO LEARN'S FIRST-YEAR RETENTION RATE - A KEY

FIRST YEAR RETENTION RATE: IS THE PERCENTAGE OF AWARDED SAVERS WHO

STARTED AT THE EDUCATIONAL INSTITUTION IN ONE ACADEMIC YEAR AND

RETURNED TO ENROLL IN COURSES AT THE SAME EDUCATIONAL INSTITUTION IN

THE NEXT CONSECUTIVE ACADEMIC YEAR.

| Name of the organization LIVE THE SOLUTION DBA EARN TO LEARN | Employer identification number 26-1151754 | | | | | |
|---|---|--|--|--|--|--|
| DIVE THE SOLUTION DELL LINE TO BEHAVE | 20 1131731 | | | | | |
| FORM 990, PART VI, SECTION B, LINE 11B: | | | | | | |
| THE GOVERNING BODY RECEIVES A COMPLETED 990 FOR REVIEW BEFORE FILING. | | | | | | |
| | | | | | | |
| FORM 990, PART VI, SECTION B, LINE 12C: | | | | | | |
| ANNUALLY, EVERY BOARD MEMBER IS ASKED TO SIGN A CONFLICT OF INTEREST POLICY | | | | | | |
| STATEMENT AS WELL AS COMPLETE A FORM WHICH DISCLOSES CERTA | IN PERSONAL AND | | | | | |
| BUSINESS RELATIONSHIPS. PERIODICALLY, BOARD MEMBERS ARE AL | SO VERBALLY | | | | | |
| REMINDED TO DISCLOSE ANY POTENTIAL CONFLICTS. | | | | | | |
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| FORM 990, PART VI, SECTION B, LINE 15A: | | | | | | |
| COMPENSATION FOR TOP OFFICIALS, INCLUDING THE CHIEF EXECUT | IVE OFFICER, IS | | | | | |
| APPROVED BY THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS | COMPARES | | | | | |
| COMPENSATION TO COMPARABLE POSITIONS IN THE AREA. | | | | | | |
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| FORM 990, PART VI, SECTION C, LINE 19: | | | | | | |
| THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND | | | | | | |
| FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. | | | | | | |
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