

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

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2021 calendar year, or tax year beginning** , 2021, and ending , 20

|  |  |            |   |
|--|--|------------|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>THE I'ON TRUST  |            | <b>D</b> Employer identification number<br>57-1071873 |
|  | Number and street (or P.O. box if mail is not delivered to street address)                           | Room/suite | <b>E</b> Telephone number<br>8438817541               |
|  | P.O. BOX 1064  |            | <b>F</b> Group Exemption Number ▶                     |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>MOUNT PLEASANT, SC 29465 |            |   |

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I Website:** ▶ [www.iontrust.org](http://www.iontrust.org)

**J Tax-exempt status** (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K Form of organization:**  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 165,434.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

|   |   | 1 | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |          |          |          |
|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----------|----------|----------|
| Revenue   | <b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    | 131,323. |          |          |
|   | <b>2</b> Program service revenue including government fees and contracts . . . . .  |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          |          |
|   | <b>3</b> Membership dues and assessments . . . . .  |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          |          |
|   | <b>4</b> Investment income . . . . .  |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    | 8.       |          |          |
|   | <b>5a</b> Gross amount from sale of assets other than inventory . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          |          |
|   | <b>b</b> Less: cost or other basis and sales expenses . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          |          |
|   | <b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .  |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          |          |
|   | <b>6</b> Gaming and fundraising events:   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          |          |
|   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .  |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          |          |
|   | <b>b</b> Gross income from fundraising events (not including \$ 33,318. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          |          |
| <b>c</b> Less: direct expenses from gaming and fundraising events . . . . .   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          |          |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          | 16,563.  |          |
| <b>7a</b> Gross sales of inventory, less returns and allowances . . . . .   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          |          |
| <b>b</b> Less: cost of goods sold . . . . .   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          |          |
| <b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .                     |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          |          |
| <b>8</b> Other revenue (describe in Schedule O) . . . . .   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          | 176.     |          |
| <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          | 148,070. |          |
| Expenses  | <b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .  |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          | 30,685.  |          |
|   | <b>11</b> Benefits paid to or for members . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          |          |
|   | <b>12</b> Salaries, other compensation, and employee benefits . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          |          |
|   | <b>13</b> Professional fees and other payments to independent contractors . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          | 47,225.  |
|   | <b>14</b> Occupancy, rent, utilities, and maintenance . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          |          |
|   | <b>15</b> Printing, publications, postage, and shipping . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          | 188.     |
|   | <b>16</b> Other expenses (describe in Schedule O) . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          | 8,569.   |
| <b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          | 86,667.  |          |
| Net Assets  | <b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          | 61,403.  |          |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .  |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          | 148,658. |
|   | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .  |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          |          |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |          |          | 210,061. |

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|   | (A) Beginning of year | (B) End of year    |
|---|-----------------------|--------------------|
| <b>22</b> Cash, savings, and investments . . . . .  | 148,658.              | <b>22</b> 210,061. |
| <b>23</b> Land and buildings . . . . .  |                       | <b>23</b>          |
| <b>24</b> Other assets (describe in Schedule O) . . . . .   |                       | <b>24</b>          |
| <b>25</b> <b>Total assets</b> . . . . .   | 148,658.              | <b>25</b> 210,061. |
| <b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .   |                       | <b>26</b>          |
| <b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | 148,658.              | <b>27</b> 210,061. |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Part III Stmt

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

|  |            |         |
|--|------------|---------|
| <b>28</b> <u>Provide educational and artistic events, social and networking activities, while encouraging community involvement.</u><br>(Grants \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28a</b> | 17,364. |
| <b>29</b> _____<br>(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>29a</b> |         |
| <b>30</b> _____<br>(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>30a</b> |         |
| <b>31</b> <u>Other program services (describe in Schedule O)</u><br>(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>31a</b> |         |
| <b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .  | <b>32</b>  | 17,364. |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title                    | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------------------|--|---|---|--|
| SHANNON RUNQUIST<br>TREASURER         | 2.00   | 0.  | 0.  | 0.   |
| HEATHER EMRICH<br>EXECUTIVE COMMITTEE | 1.00   | 0.  | 0.  | 0.   |
| MEGAN FARR<br>EXECUTIVE COMMITTEE     | 1.00   | 0.  | 0.  | 0.   |
| ANTONIA FOKAS<br>EXECUTIVE COMMITTEE  | 1.00   | 0.  | 0.  | 0.   |
| STEPHEN ZALESKIE<br>Director          | 1.00   | 0.  | 0.  | 0.   |
| LAURENS SMITH<br>Director             | 1.00   | 0.  | 0.  | 0.   |
| LEIGH WILLARD<br>Director             | 1.00   | 0.  | 0.  | 0.   |
| Reid Elliott<br>Director              | 1.00   | 0.  | 0.  | 0.   |
| Catherine Kotz<br>Director            | 1.00   | 0.  | 0.  | 0.   |
| _____                                 |  |   |   |  |
| _____                                 |  |   |   |  |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and governance.

|  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | 46         | X         |

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

|  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| <b>47</b> 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 . . . . . | 47         | X         |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | 48         | X         |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | 49a        | X         |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | 49b        |           |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|---|--|
| None                                |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |

**f** Total number of other employees paid over \$100,000 . . . . .

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 . . . . .

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  **Yes**  **No**

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

|                  |  |                    |
|------------------|--|--------------------|
| <b>Sign Here</b> | Signature of officer<br>Shannon Runquist, Vice-President | 11/01/2022<br>Date |
|                  | Type or print name and title                             |                    |

|                               |   |  |      |   |                   |
|-------------------------------|---|--|------|---|-------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>Steven E. Clem                  | Preparer's signature<br>Steven E. Clem | Date | Check <input type="checkbox"/> if self-employed | PTIN<br>P00429406 |
|                               | Firm's name <b>▶</b> The Clem Collaborative                   | Firm's EIN <b>▶</b> 26-3848919         |      | Phone no. (843) 214-2747                        |                   |
|                               | Firm's address <b>▶</b> 2 Gillon Street, Charleston, SC 29401 |  |      |   |                   |

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  **Yes**  **No**

**Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Line 8: Other Revenue**

**Continuation Statement**

| Description           | Amount |
|-----------------------|--------|
| Expense Reimbursement | 176.   |
| <b>Total</b>          | 176.   |

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Line 16: Other Expenses**

**Continuation Statement**

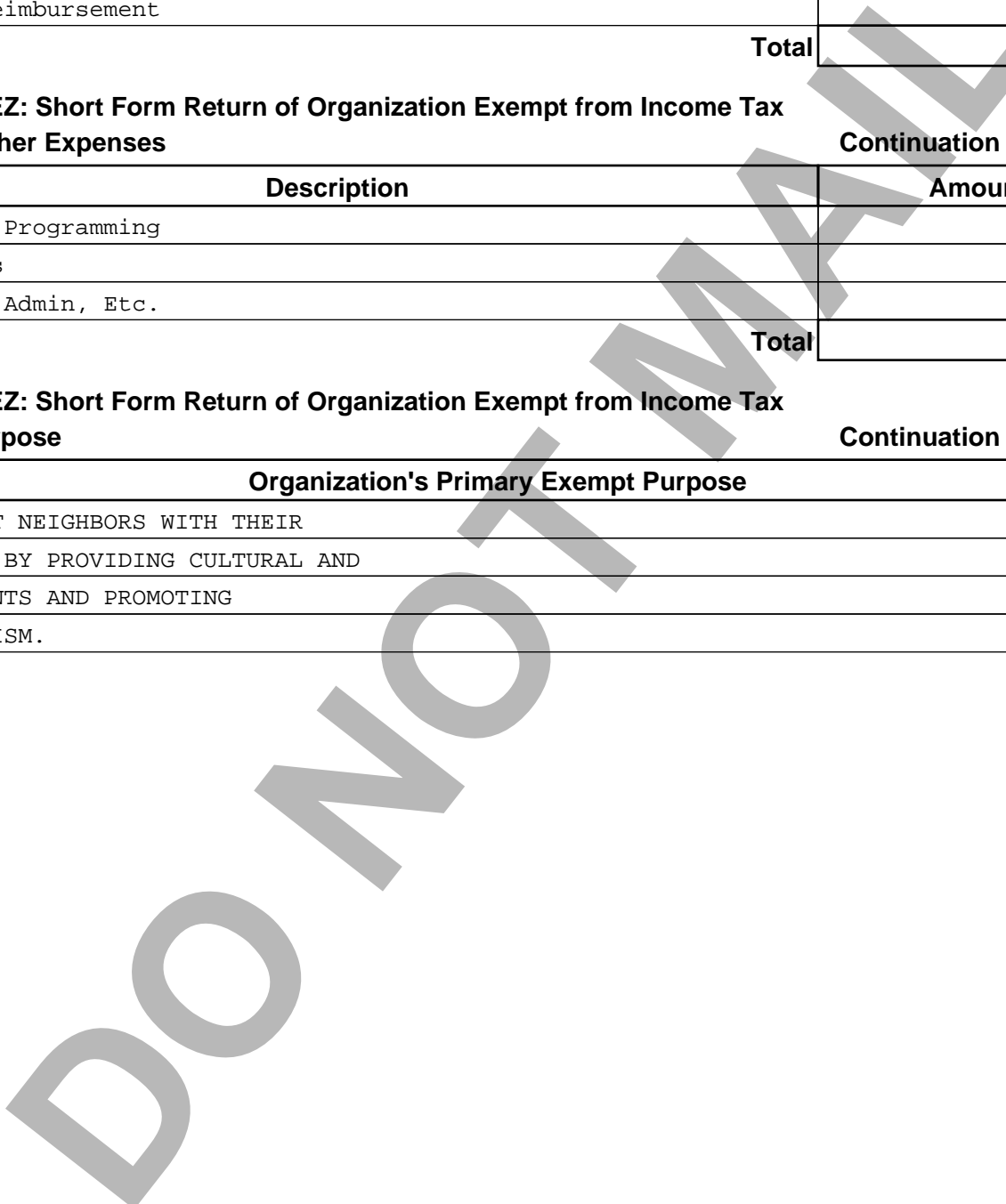
| Description           | Amount |
|-----------------------|--------|
| Community Programming | 223.   |
| Volunteers            | 378.   |
| All Other Admin, Etc. | 7,968. |
| <b>Total</b>          | 8,569. |

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Part III: Purpose**

**Continuation Statement**

| Organization's Primary Exempt Purpose |
|---------------------------------------|
| TO CONNECT NEIGHBORS WITH THEIR       |
| COMMUNITY BY PROVIDING CULTURAL AND   |
| CIVIC EVENTS AND PROMOTING            |
| VOLUNTEERISM.                         |



**SCHEDULE A  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

|  |  |
|--|--|
| Name of the organization<br>THE I'ON TRUST | Employer identification number<br>57-1071873 |
|--|--|

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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.
  - a  **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.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is 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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  |          |          |          |          |          |           |
| <b>5</b> 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) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> 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                |
|---|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .  |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |          |          |          |          | <b>12</b> |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |           |                          |
|--|-----------|--------------------------|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .  | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | %                        |
| <b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .   |           | <input type="checkbox"/> |
| <b>b 33 1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/> |
| <b>17a 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/> |
| <b>b 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .   |           | <input type="checkbox"/> |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 69,735.  | 73,442.  | 63,897.  | 95,876.  | 131,931. | 434,881.  |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . | 23,072.  | 23,450.  | 25,330.  | 28,972.  | 33,318.  | 134,142.  |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   | 92,807.  | 96,892.  | 89,227.  | 124,848. | 165,249. | 569,023.  |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .         |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          | 569,023.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .   | 92,807.  | 96,892.  | 89,227.  | 124,848. | 165,249. | 569,023.  |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .   | 42.      | 42.      | 42.      |          | 8.       | 134.      |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .   | 42.      | 42.      | 42.      |          | 8.       | 134.      |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .   | 92,849.  | 96,934.  | 89,269.  | 124,848. | 165,257. | 569,157.  |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | 99.98 % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | 99.97 % |

**Section D. Computation of Investment Income Percentage**

|  |           |        |
|--|-----------|--------|
| <b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .  | <b>17</b> | 0.02 % |
| <b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .  | <b>18</b> | 0.03 % |
| <b>19a 33 1/3% support tests—2021.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/> |           |        |
| <b>b 33 1/3% support tests—2020.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>    |           |        |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>  |           |        |



**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**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>   |     |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| 3b  | 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |
| 3c  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| 4b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>   |     |    |
| 4c  | 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)? <i>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.</i>  |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| 5b  | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| 5c  | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 9b  | 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 9c  | 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 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)? <i>If "Yes," answer line 10b below.</i>   |     |    |
| 10b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  |     |    |

**Part IV Supporting Organizations** (continued)

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
|           | <b>11a</b>  |     |    |
| <b>b</b>  | A family member of a person described on line 11a above?  |     |    |
|           | <b>11b</b>  |     |    |
| <b>c</b>  | 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 <b>Part VI</b> .                             |     |    |
|           | <b>11c</b>  |     |    |

**Section B. Type I Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
|          | <b>1</b>   |     |    |
| <b>2</b> | 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |
|          | <b>2</b>   |     |    |

**Section C. Type II Supporting Organizations**

|          |   | Yes | No |
|----------|---|-----|----|
| <b>1</b> | 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
|          | <b>1</b>  |     |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | 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? |     |    |
|          | <b>1</b>   |     |    |
| <b>2</b> | 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
|          | <b>2</b>   |     |    |
| <b>3</b> | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |
|          | <b>3</b>   |     |    |

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

|          |  |  |  |
|----------|--|--|--|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |  |  |
| <b>2</b> | Activities Test. <b>Answer lines 2a and 2b below.</b>  |  |  |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |
|          | <b>2a</b>  |  |  |
| <b>b</b> | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |  |
|          | <b>2b</b>  |  |  |
| <b>3</b> | Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>  |  |  |
| <b>a</b> | 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 <b>Part VI</b> .   |  |  |
|          | <b>3a</b>  |  |  |
| <b>b</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 <b>Part VI</b> the role played by the organization in this regard.   |  |  |
|          | <b>3b</b>  |  |  |

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

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A—Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--------------------------------------|--|----------------|-----------------------------|
| <b>1</b>                             | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                             | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                             | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                             | Add lines 1 through 3.   | <b>4</b>       |                             |
| <b>5</b>                             | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                             | 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) | <b>6</b>       |                             |
| <b>7</b>                             | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                             | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | <b>8</b>       |                             |

| <b>Section B—Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------------|---|----------------|-----------------------------|
| <b>1</b>                              | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| <b>a</b>                              | Average monthly value of securities   | <b>1a</b>      |                             |
| <b>b</b>                              | Average monthly cash balances   | <b>1b</b>      |                             |
| <b>c</b>                              | Fair market value of other non-exempt-use assets  | <b>1c</b>      |                             |
| <b>d</b>                              | <b>Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b>      |                             |
| <b>e</b>                              | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| <b>2</b>                              | Acquisition indebtedness applicable to non-exempt-use assets  | <b>2</b>       |                             |
| <b>3</b>                              | Subtract line 2 from line 1d.   | <b>3</b>       |                             |
| <b>4</b>                              | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>       |                             |
| <b>5</b>                              | Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>       |                             |
| <b>6</b>                              | Multiply line 5 by 0.035.   | <b>6</b>       |                             |
| <b>7</b>                              | Recoveries of prior-year distributions  | <b>7</b>       |                             |
| <b>8</b>                              | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>       |                             |

| <b>Section C—Distributable Amount</b> |   |          | Current Year |
|---------------------------------------|---|----------|--------------|
| <b>1</b>                              | Adjusted net income for prior year (from Section A, line 8, column A)   | <b>1</b> |              |
| <b>2</b>                              | Enter 0.85 of line 1.   | <b>2</b> |              |
| <b>3</b>                              | Minimum asset amount for prior year (from Section B, line 8, column A)  | <b>3</b> |              |
| <b>4</b>                              | Enter greater of line 2 or line 3.  | <b>4</b> |              |
| <b>5</b>                              | Income tax imposed in prior year  | <b>5</b> |              |
| <b>6</b>                              | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | <b>6</b> |              |
| <b>7</b>                              | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |          |              |

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

| Section D—Distributions |  | Current Year |
|-------------------------|--|--------------|
| <b>1</b>                | Amounts paid to supported organizations to accomplish exempt purposes  | <b>1</b>     |
| <b>2</b>                | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | <b>2</b>     |
| <b>3</b>                | Administrative expenses paid to accomplish exempt purposes of supported organizations  | <b>3</b>     |
| <b>4</b>                | Amounts paid to acquire exempt-use assets  | <b>4</b>     |
| <b>5</b>                | Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )   | <b>5</b>     |
| <b>6</b>                | Other distributions (describe in <b>Part VI</b> ). See instructions.   | <b>6</b>     |
| <b>7</b>                | <b>Total annual distributions.</b> Add lines 1 through 6.  | <b>7</b>     |
| <b>8</b>                | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | <b>8</b>     |
| <b>9</b>                | Distributable amount for 2021 from Section C, line 6   | <b>9</b>     |
| <b>10</b>               | Line 8 amount divided by line 9 amount   | <b>10</b>    |

| Section E—Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2021 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2021   |                             |  |   |
| <b>a</b> From 2016 . . . . .   |                             |  |   |
| <b>b</b> From 2017 . . . . .   |                             |  |   |
| <b>c</b> From 2018 . . . . .   |                             |  |   |
| <b>d</b> From 2019 . . . . .   |                             |  |   |
| <b>e</b> From 2020 . . . . .   |                             |  |   |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2021 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2016 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2021 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2021 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2017 . . . . .  |                             |  |   |
| <b>b</b> Excess from 2018 . . . . .  |                             |  |   |
| <b>c</b> Excess from 2019 . . . . .  |                             |  |   |
| <b>d</b> Excess from 2020 . . . . .  |                             |  |   |
| <b>e</b> Excess from 2021 . . . . .  |                             |  |   |

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area containing horizontal dashed lines for providing supplemental information.

**DO NOT MAIL**

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE I'ON TRUST

Employer identification number

57-1071873

**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
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** 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?  **Yes**  **No**
- 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) Did fundraiser have custody or control of contributions? |    | (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 |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   |   |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**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                |
|-----------------|--|----------------------------|---------------------------|------------------------|---------------------------------|
|                 |  | LUMINARIES<br>(event type) | ALL OTHER<br>(event type) | None<br>(total number) | (add col. (a) through col. (c)) |
| Revenue         | <b>1</b> Gross receipts . . . . .  | 33,318.                    |                           |                        | 33,318.                         |
|                 | <b>2</b> Less: Contributions . . . . .   |                            |                           |                        |                                 |
|                 | <b>3</b> Gross income (line 1 minus line 2) . . . . .                              | 33,318.                    |                           |                        | 33,318.                         |
| Direct Expenses | <b>4</b> Cash prizes . . . . .   |                            |                           |                        |                                 |
|                 | <b>5</b> Noncash prizes . . . . .  |                            |                           |                        |                                 |
|                 | <b>6</b> Rent/facility costs . . . . .   |                            |                           |                        |                                 |
|                 | <b>7</b> Food and beverages . . . . .  |                            |                           |                        |                                 |
|                 | <b>8</b> Entertainment . . . . .   |                            |                           |                        |                                 |
|                 | <b>9</b> Other direct expenses . . . . .   | 17,364.                    |                           |                        | 17,364.                         |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |                            |                           |                        | 17,364.                         |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |                            |                           |                        | 15,954.                         |

**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.

|   |  | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c)) |
|---|--|---|---|---|--|
|   |  | <b>1</b> Gross revenue . . . . .                                    |   |   |  |
| Direct Expenses   | <b>2</b> Cash prizes . . . . .           |   |   |   |  |
|   | <b>3</b> Noncash prizes . . . . .        |   |   |   |  |
|   | <b>4</b> Rent/facility costs . . . . .   |   |   |   |  |
|   | <b>5</b> Other direct expenses . . . . . |   |   |   |  |
|   | <b>6</b> Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
| <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |  |   |   |   |  |
| <b>8</b> 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? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers? . . . . .  **Yes**  **No**

**12** 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** \_\_\_\_\_ %  
**b** An outside facility . . . . . **13b** \_\_\_\_\_ %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  **Yes**  **No**

**b** 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

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  **Yes**  **No**

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

THE I'ON TRUST

Employer identification number

57-1071873

Pt I, Line 8:

Description: Expense Reimbursement \$176

Pt I, Line 10:

Description: Community Betterment

Class of activity: Charitable

Grantee's name: East Cooper Community Outreach

Grantee's address: 1145 6 Mile Road Mount Pleasant SC 29466

Grantee's relationship: None

Amount given: \$30,185

Description: Community Betterment

Class of activity: Education

Grantee's name: Michele Wilson

Grantee's address: 225 Ponsbury Road Mount Pleasant SC 29465

Grantee's relationship: None

Amount given: \$500

Pt I, Line 16:

Description: Community Programming \$223

Description: Volunteers \$378

Description: All Other Admin, Etc. \$7,968

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

(Rev. January 2022)

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

|  |   |  |
|--|---|--|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.<br>THE I'ON TRUST                                     | Taxpayer identification number (TIN)<br>57-1071873 |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br>P.O. BOX 1064                             |  |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>MOUNT PLEASANT SC 29465 |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **01**

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |
| Form 990-T (corporation)                 | 07          |                                   |             |

• The books are in the care of ► Margaret Summers

Telephone No. ► (843) 881-7541 Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . .  . If it is for part of the group, check this box . . . . .  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until Nov 15, 20 22, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 21 or

►  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0. |
| <b>b</b> 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. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**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.

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

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

|   |                                 |
|---|---------------------------------|
| Name of filer<br><b>THE I'ON TRUST</b>  | EIN or SSN<br><b>57-1071873</b> |
| Name and title of officer or person subject to tax<br><b>Shannon Runquist, Vice-President</b> |                                 |

## 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 than one line in Part I.

|   |  |                    |
|---|--|--------------------|
| 1a Form 990 check here . . . ▶ <input type="checkbox"/>               | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .     | 1b _____           |
| 2a Form 990-EZ check here . . . ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) . . . . .                          | 2b <u>148,070.</u> |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/>                | b Total tax (Form 1120-POL, line 22) . . . . .                                   | 3b _____           |
| 4a Form 990-PF check here . . . ▶ <input type="checkbox"/>            | b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .         | 4b _____           |
| 5a Form 8868 check here . . . ▶ <input type="checkbox"/>              | b Balance due (Form 8868, line 3c) . . . . .                                     | 5b _____           |
| 6a Form 990-T check here . . . ▶ <input type="checkbox"/>             | b Total tax (Form 990-T, Part III, line 4) . . . . .                             | 6b _____           |
| 7a Form 4720 check here . . . ▶ <input type="checkbox"/>              | b Total tax (Form 4720, Part III, line 1) . . . . .                              | 7b _____           |
| 8a Form 5227 check here . . . ▶ <input type="checkbox"/>              | b FMV of assets at end of tax year (Form 5227, Item D) . . . . .                 | 8b _____           |
| 9a Form 5330 check here . . . ▶ <input type="checkbox"/>              | b Tax due (Form 5330, Part II, line 19) . . . . .                                | 9b _____           |
| 10a Form 8038-CP check here ▶ <input type="checkbox"/>                | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . . | 10b _____          |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 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.

### PIN: check one box only

I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

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 ▶ \_\_\_\_\_ Date ▶ **11/01/2022**

## 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.

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 7 | 1 | 0 | 5 | 3 | 4 | 5 | 8 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|

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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

**Form 990-EZ  
Part I, Line 10**

**Grants And Similar Amounts Paid**

**2021**

|   |   |
|---|---|
| Name as Shown on Return<br>THE I'ON TRUST | Employer Identification No.<br>57-1071873 |
|---|---|

Purpose of Payment  
See Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

| Class of Activity | Grantee's Name and Address  | Grantee's Relationship | Amount Given |
|-------------------|---|------------------------|--------------|
|                   | Business . . . <input type="checkbox"/> Person . . . . . <input type="checkbox"/> |                        |              |
|                   |   |                        |              |
|                   |   |                        |              |
|                   |   |                        |              |

If property other than cash was given, the following additional information needs to be provided:  
Description of Property . . . \_\_\_\_\_  
Date of Gift . . . . . \_\_\_\_\_

|            |                           |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV        | How FMV Determined        |

**Totals to Form 990-EZ, Part I, line 10** . . . . . 30,685.

**Form 990-EZ  
Part I, Line 20**

**Other Changes in Net Assets or  
Fund Balances Statement**

| Description   | Amount |
|---|--------|
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| <b>Totals to Form 990-EZ, Part I, line 20</b> . . . . . |        |

**990-EZ, 990, 990-T and 990-PF  
Information Worksheet**

**2021**

**Part I – Identifying Information**

Employer Identification Number . 57-1071873

Name . . . . . THE I'ON TRUST

Doing Business As . . . . . \_\_\_\_\_

Address . . . . . P.O. BOX 1064 Room/Suite . \_\_\_\_\_

City . . . . . MOUNT PLEASANT State . . . SC ZIP Code . . . . . 29465

Province/State . . . . . \_\_\_\_\_ Foreign Postal Code . . \_\_\_\_\_

Foreign Code . . . . . \_\_\_\_\_ Foreign Country \_\_\_\_\_

Telephone Number (843)881-7541 Extension. \_\_\_\_\_ Foreign Phone No. \_\_\_\_\_

Fax . . . . . \_\_\_\_\_ E-Mail Address . . kharberg@iontrust.org

**Eligible for hurricane tax relief legislation benefits, check here**

**Part II – Type of Return**

**IMPORTANT**

For tax years beginning on or after July 2, 2019, section 3101 of P.L. 116-25 requires that returns by exempt organizations be filed electronically. The appropriate electronic filing box(es) must be checked in Part VII - Electronic Filing Information.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Form 990-EZ <b>only</b> | <input type="checkbox"/> Form 990-EZ <b>and</b> Form 990-T            |
| <input type="checkbox"/> Form 990 <b>only</b>               | <input type="checkbox"/> Form 990 <b>and</b> Form 990-T               |
| <input type="checkbox"/> Form 990-PF <b>only</b>            | <input type="checkbox"/> Form 990-PF <b>and</b> Form 990-T            |
| <input type="checkbox"/> Form 990-T <b>only</b>             | <input type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) |

**QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

**IMPORTANT**

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

**Part III – Type of Organization**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association | <u>3</u> (subsection number)                     | <input type="checkbox"/> 220(e) Trust       |
| <input type="checkbox"/> 501(c) Trust                              | _____ (subsection number)                        | <input type="checkbox"/> 408A Trust         |
| <input type="checkbox"/> 4947(a)(1) Trust                          |  | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust                              |  | <input type="checkbox"/> 529(a) Trust       |
| <input type="checkbox"/> 401(a) Trust                              |  | <input type="checkbox"/> 530(a) Trust       |
| <input type="checkbox"/> Public College or University              | Corporation/Association <input type="checkbox"/> | <input type="checkbox"/> 527 Organization   |
| <input type="checkbox"/> Other _____ (describe)                    | Or Trust . . . . . <input type="checkbox"/>      | <input type="checkbox"/> 501(c) Association |

**Part IV – Tax Year and Filing Information**

- Calendar year
- Fiscal year — Ending month . . . \_\_\_\_\_
- Short year — Beginning date . . \_\_\_\_\_ Ending date . . . \_\_\_\_\_
- Change of Accounting Period \_\_\_\_\_
- Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

**Part V – 2021 Estimated Taxes Paid**

Check this box if the organization is a private foundation

Form 990-T      Form 990-PF

Amount of 2020 overpayment credited to 2021 estimated tax . . . . . \_\_\_\_\_

| Payment Quarters     | Due Date        | Form 990-T |             | Form 990-PF |             |
|----------------------|-----------------|------------|-------------|-------------|-------------|
|                      |                 | Date Paid  | Amount Paid | Date Paid   | Amount Paid |
| 1st Quarter Payment  | <u>04/15/21</u> |            |             |             |             |
| 2nd Quarter Payment  | <u>06/15/21</u> |            |             |             |             |
| 3rd Quarter Payment  | <u>09/15/21</u> |            |             |             |             |
| 4th Quarter Payment  | <u>12/15/21</u> |            |             |             |             |
| Additional Payment 1 |                 |            |             |             |             |
| Additional Payment 2 |                 |            |             |             |             |
| Additional Payment 3 |                 |            |             |             |             |
| Additional Payment 4 |                 |            |             |             |             |

**Part VI - Taxpayer Signature Information**

Officer's Name . . . . . Shannon Runquist  
 Officer's SSN . . . . . 263-49-6461      Officer's Title . . . . . Vice-President

**Part VII – Electronic Filing Information**

**IMPORTANT:** Do **not** use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

**QuickZoom** to the Electronic Filing Information Worksheet . . . . . ► \_\_\_\_\_

**Electronic Filing:**

- File the federal 990, 990-EZ, 990-PF, or 990-N **return** electronically
- File the federal 990-T **return** electronically
- File the state(s) electronically

\* Select the state or states to file electronically. (Multiple states can be entered)

|            |
|------------|
| State(s) * |
|            |
|            |
|            |
|            |

File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Practitioner PIN program:**

- Sign this return electronically using the Practitioner PIN
- ERO entered PIN

Officer's PIN (enter any 5 numbers) . . . 54318

Date PIN entered . . . . . 05/09/2022

**Electronic Filing of Extensions:**

- Check this box to file **Form 8868** (application for extension of time to file return) electronically
- Check this box to file **Form 8868** for **990-T** electronically

**QuickZoom** to the Form 8868 Electronic Filing Information Worksheet. . . . . ► \_\_\_\_\_

**Electronic Filing of Amended Return:**

- File the federal 990, 990-EZ or 990-PF **amended return** electronically
- File the federal 990-T **amended return** electronically
- File the state(s) **amended return** electronically

\* Select the state(s) amended return to file electronically.

|            |
|------------|
| State(s) * |
|            |
|            |
|            |
|            |

File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Part VIII – Electronic Funds Withdrawal Information (Form 990-PF and Form 990-T filers only)**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-PF Return</b> balance due (EF Only)?              |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-PF Extension</b> Form 8868 balance due (EF Only)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-PF Amended</b> balance due (EF Only)?             |
|                          |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-T Return</b> balance due? (EF Only)               |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-T Extension</b> Form 8868 balance due? (EF Only)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of <b>Form 990-T Amended</b> balance due? (EF Only)              |

**Bank Information**

Check to confirm transferred account information (which appears in green) is correct . . .

Name of Financial Institution (optional) . . . \_\_\_\_\_

Check the appropriate box . . .  Checking  Savings

Routing number . . . \_\_\_\_\_

Account number . . . \_\_\_\_\_

**Form 990-PF Payment Information**

- Enter the Form 990-PF payment date . . . \_\_\_\_\_
- Balance due amount from this Form 990-PF return . . . \_\_\_\_\_
- Enter an amount to withdraw tax payment . . . \_\_\_\_\_
- If partial payment is made, the remaining balance due . . . \_\_\_\_\_
- Enter the Form 990-PF Extension payment date . . . \_\_\_\_\_
- Balance-due amount from this 990-PF Extension . . . \_\_\_\_\_
- Payment date for amended Form 990-PF returns . . . \_\_\_\_\_
- Balance due amount for amended Form 990-PF return . . . \_\_\_\_\_

**Form 990-T Payment Information**

- Enter the Form 990-T payment date . . . \_\_\_\_\_
- Balance-due amount from this 990-T return . . . \_\_\_\_\_
- Enter the Form 990-T Extension payment date . . . \_\_\_\_\_
- Balance-due amount from this 990-T Extension . . . \_\_\_\_\_
- Enter the amended Form 990-T payment date . . . \_\_\_\_\_
- Balance-due amount from Form 990-T amended . . . \_\_\_\_\_

- Date 990-T Exempt Organization Return was EFiled . . . \_\_\_\_\_
- Date 990-T Exempt Organization Return was accepted . . . \_\_\_\_\_
- Date 990-T Exempt Organization Extension was EFiled . . . \_\_\_\_\_
- Date 990-T Exempt Organization Extension was accepted . . . \_\_\_\_\_
- Date 990-T Exempt Organization Amended Return was EFiled . . . \_\_\_\_\_
- Date 990-T Exempt Organization Amended Return was accepted . . . \_\_\_\_\_

**Part IX – Information for Client Letter**

|                             | Form 990-EZ or Form 990 | Form 990-PF | Form 990-T |
|-----------------------------|-------------------------|-------------|------------|
| Extended Due Date . . . . . | 11/15/22                |             |            |

Letter Salutation . . . \_\_\_\_\_

**Part X – Return Preparer**

Enter preparer code from Firm/Preparer Info (See Help) . . . SC

**QuickZoom** to Firm/Preparer Info . . . . .

**QuickZoom** to Form 990-EZ, Pages 1 through 4 . . . . .

**QuickZoom** to Form 990, Page 1 . . . . .

**QuickZoom** to Form 990-PF, Page 1 . . . . . ▶ \_\_\_\_\_  
**QuickZoom** to Form 990-T, Page 1 . . . . . ▶ \_\_\_\_\_  
**QuickZoom** to Form 990-N, e-PostCard . . . . . ▶ \_\_\_\_\_  
  
**QuickZoom** to Client Status . . . . . ▶ \_\_\_\_\_

---

**DO NOT MAIL**



IRS e-file Authentication Statement

2021

Keep for your records

Table with 2 columns: Name(s) Shown on Return (THE I'ON TRUST) and Employer ID No. (57-1071873)

A - Practitioner PIN Authorization

QuickZoom to the Federal Information Worksheet to enter PIN information

Please indicate how the taxpayer(s) PIN(s) are entered into the program. Officer entered PIN [X] ERO entered Officer's PIN

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN 571053 Self-Select PIN 45856

C - Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2021 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (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 Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 54318 Date 05/09/2022

Electronic Filing Information Worksheet

Keep for your records

2021

Name(s) shown on return
THE I'ON TRUST

Identifying number
57-1071873

Part I - State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically

Part II - Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return . . . . . 571053

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return . . . . .

ERO Name: The Clem Collaborative
ERO Address: 2 Gillon Street
City: Charleston State: SC ZIP Code: 29401
Country:
ERO Electronic Filers Identification Number (EFIN): 571053
ERO Employer Identification Number: 26-3848919
ERO Social Security Number or PTIN:

Part III - Paid Preparer Information

Firm Name: The Clem Collaborative
Preparer Name: Steven E. Clem
Address: 2 Gillon Street
City: Charleston State: SC ZIP Code: 29401
Country:
Preparer Social Security Number or PTIN: P00429406
Employer Identification Number: 26-3848919
Phone Number: (843) 214-2747 Fax Number: (866) 614-6599
Preparer E-mail Address: sclem@clemcollaborative.com

Part IV - Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment . . . . .
Amount you are paying with the amended return . . . . .

- Check this box to file another federal amended return electronically
Check this box to file another 990-T amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

\* Select the state and/or city amended return(s) to file electronically.

Table with columns for checkboxes and State/City. Includes 'California State Exempt' and several empty rows.

Part V - Name Control

Name Control, enter here to override default . . . . . IONT

## Smart Worksheets from your 2021 Federal Exempt Tax Return

SMART WORKSHEET FOR: Form 8868: Application for Extension of Time to File an Exempt Organization Return

### Filing Address Smart Worksheet

Send Form 8868 to: Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0045

DO NOT MAIL

### Additional information from your 2021 Federal Exempt Tax Return

#### Grants and Changes: Form 990-EZ

#### Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

#### Continuation Statement

Purpose of Payment

Community Betterment

| Class of Activity | Grantee's Name and Address  | Grantee's Relationship | Amount Given |
|-------------------|---|------------------------|--------------|
| Charitable        | Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/><br>East Cooper Community Outreach<br>1145 6 Mile Road<br>Mount Pleasant SC 29466 | None                   | 30,185.      |

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_

Date of Gift . . . . . \_\_\_\_\_

|            |                           |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV        | How FMV Determined        |

Community Betterment

| Class of Activity | Grantee's Name and Address   | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| Education         | Business . . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/><br>Michele Wilson<br>225 Ponsbury Road<br>Mount Pleasant SC 29465 | None                   | 500.         |

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_

Date of Gift . . . . . \_\_\_\_\_

|            |                           |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV        | How FMV Determined        |

# California Exempt Organization Information Worksheet 2021

▶ Keep for your records

## Part I – Identifying Information

Federal Employer ID Number . 57-1071873 CA Corp No. (See Tax Help) \_\_\_\_\_  
 Name of Exempt Organization. THE I'ON TRUST  
 Additional Information . . . . . \_\_\_\_\_  
 Address . . . . . P.O. BOX 1064 **Ste, Unit** \_\_\_\_\_ **No.** \_\_\_\_\_  
 PMB No. . . . . \_\_\_\_\_  
 City . . . . . MOUNT PLEASANT State . . SC ZIP Code . . . . . 29465  
 Province/State . . . . . \_\_\_\_\_ Foreign Postal Code . . . . . \_\_\_\_\_  
 Foreign Code . . . . . \_\_\_\_\_ Foreign Country . . . . . \_\_\_\_\_  
 Telephone Number . . . . . (843) 881-7541 Extension . . . . . \_\_\_\_\_  
 Fax Number . . . . . \_\_\_\_\_ E-Mail Address . . . . . kharberg@iontrust.org

## Part II – Tax Year and Filing Information

**Calendar year**  
 **Fiscal year** — Ending month . . . . . \_\_\_\_\_  
 **Short year** — Beginning date . . . . . \_\_\_\_\_ Ending date . . . . . \_\_\_\_\_

Payments are made by Electronic Funds Transfer  
 File Form 109, California Exempt Organization Business Income Tax Return (**Paper file Only**)

**QuickZoom** to Form 109 . . . . . \_\_\_\_\_ ▶

## Part III – 2021 Estimated Tax Payments (Form 109)

Amount of 2020 overpayment credited to 2021 estimated tax . . . . . \_\_\_\_\_

| Payment Quarters                 | Due Date        | Date Paid | Amount Paid |
|----------------------------------|-----------------|-----------|-------------|
| First Quarter Payment . . . . .  | <u>04/15/21</u> | _____     | _____       |
| Second Quarter Payment . . . . . | <u>06/15/21</u> | _____     | _____       |
| Third Quarter Payment . . . . .  | <u>09/15/21</u> | _____     | _____       |
| Fourth Quarter Payment . . . . . | <u>12/15/21</u> | _____     | _____       |
| Additional Payment 1 . . . . .   | _____           | _____     | _____       |
| Additional Payment 2 . . . . .   | _____           | _____     | _____       |
| Additional Payment 3 . . . . .   | _____           | _____     | _____       |
| Additional Payment 4 . . . . .   | _____           | _____     | _____       |

## Part IV – Electronic Filing Information (Form 199)

### Electronic Filing

The state return Form 199 will be filed electronically  
 Date return was electronically filed . . . . . \_\_\_\_\_  
 Date return was accepted by the state . . . . . \_\_\_\_\_  
 Date Form 3586 was given to client . . . . . \_\_\_\_\_

### Signing Officer

Officer's Name . Shannon Runquist  
 Title . . . . . Vice-President

### Electronic Filing of Amended Form 199

The amended Form 199 will be filed electronically.  
 Another amended Form 199 will be filed electronically.

**Part V – Electronic Funds Withdrawal Information (Form 199)**

**Yes**  **No**  Use electronic funds withdrawal of state balance due? (Electronic Filing Only)

**Amended Return** - Do you want electronic funds withdrawal of balance due (EF Only)?

**Bank Information**

Name of financial institution . . . . . \_\_\_\_\_  
Routing number . . . . . \_\_\_\_\_  
Account number . . . . . \_\_\_\_\_  
Account type . . . . .  Checking  Savings  
Account ownership type . . . . .  Business  Personal

**Payment Information** (Electronic Filing Only)

Date to withdraw payment with state return . . . . . \_\_\_\_\_  
Amount due with state return . . . . . \_\_\_\_\_

Electronic funds withdrawal amount due with **amended return** information:  
Enter settlement date to withdraw the tax due amount from the account above . . . . . \_\_\_\_\_  
State balance-due amount paid with this amended return . . . . . \_\_\_\_\_

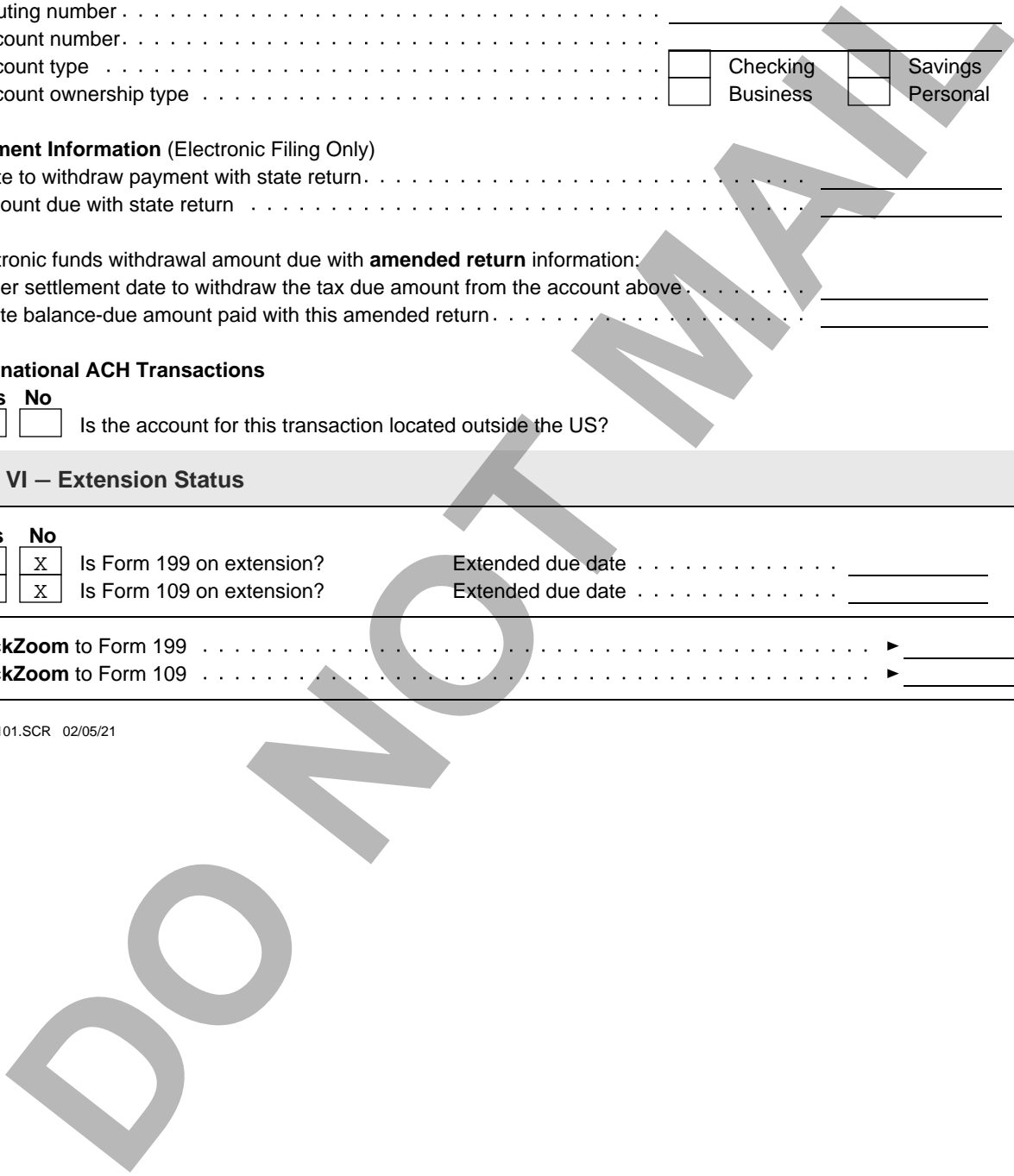
**International ACH Transactions**

**Yes**  **No**  Is the account for this transaction located outside the US?

**Part VI – Extension Status**

**Yes**  **No**  Is Form 199 on extension? Extended due date . . . . . \_\_\_\_\_  
 **No**  Is Form 109 on extension? Extended due date . . . . . \_\_\_\_\_

**QuickZoom** to Form 199 . . . . . ▶ \_\_\_\_\_  
**QuickZoom** to Form 109 . . . . . ▶ \_\_\_\_\_



California Exempt Organization Annual Information Return

2021

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Corporation/Organization name THE I'ON TRUST California corporation number

Additional information. See instructions. FEIN 57-1071873

Street address (suite or room) P.O. BOX 1064

City MOUNT PLEASANT State SC Zip code 29465

Foreign country name Foreign province/state/county Foreign postal code

- A First return... B Amended return... C IRC Section 4947(a)(1) trust... D Final information return... E Check accounting method... F Federal return filed... G Is this a group filing... H Is this organization in a group exemption... I Did the organization have any changes to its guidelines... J If exempt under R&TC Section 23701d... K Is the organization exempt under R&TC Section 23701g... L Is the organization a limited liability company... M Did the organization file Form 100 or Form 109... N Is the organization under audit... O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 16 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes line numbers and amounts.

Sign Here section with signature of Steven E. Clem, Vice-President, and Preparer's Use Only section with firm name THE CLEM COLLABORATIVE.

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

|                                    |    |  |   |    |         |    |
|------------------------------------|----|--|---|----|---------|----|
| <b>Receipts from Other Sources</b> | 1  | Gross sales or receipts from all business activities. See instructions . . . . .   | ● | 1  |         | 00 |
|                                    | 2  | Interest . . . . .   | ● | 2  |         | 00 |
|                                    | 3  | Dividends . . . . .  | ● | 3  |         | 00 |
|                                    | 4  | Gross rents . . . . .  | ● | 4  |         | 00 |
|                                    | 5  | Gross royalties . . . . .  | ● | 5  |         | 00 |
|                                    | 6  | Gross amount received from sale of assets (See instructions) . . . . .   | ● | 6  |         | 00 |
|                                    | 7  | Other income. Attach schedule . . . . . See Stmt . . . . .   | ● | 7  | 34,111  | 00 |
|                                    | 8  | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . . | ● | 8  | 34,111  | 00 |
| <b>Expenses and Disbursements</b>  | 9  | Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . . See Stmt . . . . .                                   | ● | 9  | 30,685  | 00 |
|                                    | 10 | Disbursements to or for members . . . . .  | ● | 10 |         | 00 |
|                                    | 11 | Compensation of officers, directors, and trustees. Attach schedule . . . . . See Stmt . . . . .  | ● | 11 | 0       | 00 |
|                                    | 12 | Other salaries and wages . . . . .   | ● | 12 | 0       | 00 |
|                                    | 13 | Interest . . . . .   | ● | 13 |         | 00 |
|                                    | 14 | Taxes . . . . .  | ● | 14 |         | 00 |
|                                    | 15 | Rents . . . . .  | ● | 15 |         | 00 |
|                                    | 16 | Depreciation and depletion (See instructions) . . . . .  | ● | 16 |         | 00 |
|                                    | 17 | Other expenses and disbursements. Attach schedule . . . . . See Stmt . . . . .   | ● | 17 | 73,346  | 00 |
|                                    | 18 | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .                | ● | 18 | 104,031 | 00 |

| <b>Schedule L Balance Sheet</b>                                |     | <b>Beginning of taxable year</b> |     | <b>End of taxable year</b> |         |
|--|-----|----------------------------------|-----|----------------------------|---------|
|  | (a) | (b)                              | (c) | (d)                        |         |
| <b>Assets</b>  |     |                                  |     |                            |         |
| 1 Cash . . . . .   |     | 148,658                          |     | ●                          | 210,061 |
| 2 Net accounts receivable . . . . .                            |     |                                  |     | ●                          |         |
| 3 Net notes receivable . . . . .                               |     |                                  |     | ●                          |         |
| 4 Inventories . . . . .  |     |                                  |     | ●                          |         |
| 5 Federal and state government obligations . . . . .           |     |                                  |     | ●                          |         |
| 6 Investments in other bonds . . . . .                         |     |                                  |     | ●                          |         |
| 7 Investments in stock . . . . .                               |     |                                  |     | ●                          |         |
| 8 Mortgage loans . . . . .                                     |     |                                  |     | ●                          |         |
| 9 Other investments. Attach schedule . . . . .                 |     |                                  |     | ●                          |         |
| 10 a Depreciable assets . . . . .                              |     |                                  |     |                            |         |
| b Less accumulated depreciation . . . . .                      |     |                                  |     |                            |         |
| 11 Land . . . . .  |     |                                  |     | ●                          |         |
| 12 Other assets. Attach schedule . . . . .                     |     |                                  |     | ●                          |         |
| 13 <b>Total assets</b> . . . . .                               |     | 148,658                          |     |                            | 210,061 |
| <b>Liabilities and net worth</b>                               |     |                                  |     |                            |         |
| 14 Accounts payable . . . . .                                  |     |                                  |     | ●                          |         |
| 15 Contributions, gifts, or grants payable . . . . .           |     |                                  |     | ●                          |         |
| 16 Bonds and notes payable . . . . .                           |     |                                  |     | ●                          |         |
| 17 Mortgages payable . . . . .                                 |     |                                  |     | ●                          |         |
| 18 Other liabilities. Attach schedule . . . . .                |     |                                  |     |                            |         |
| 19 Capital stock or principal fund . . . . .                   |     |                                  |     | ●                          |         |
| 20 Paid-in or capital surplus. Attach reconciliation . . . . . |     | 148,658                          |     | ●                          | 210,061 |
| 21 Retained earnings or income fund . . . . .                  |     |                                  |     | ●                          |         |
| 22 <b>Total liabilities and net worth</b> . . . . .            |     | 148,658                          |     |                            | 210,061 |

| <b>Schedule M-1 Reconciliation of income per books with income per return</b>                          |  |   |        |
|--|--|---|--------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. |  |   |        |
| 1  | Net income per books . . . . .   | ● | 61,403 |
| 2  | Federal income tax . . . . .   | ● |        |
| 3  | Excess of capital losses over capital gains . . . . .  | ● |        |
| 4  | Income not recorded on books this year. Attach schedule . . . . .                              | ● |        |
| 5  | Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .    | ● |        |
| 6  | <b>Total.</b> Add line 1 through line 5 . . . . .  |   | 61,403 |
| 7  | Income recorded on books this year not included in this return. Attach schedule . . . . .      | ● |        |
| 8  | Deductions in this return not charged against book income this year. Attach schedule . . . . . | ● |        |
| 9  | <b>Total.</b> Add line 7 and line 8 . . . . .  |   |        |
| 10   | <b>Net income per return.</b> Subtract line 9 from line 6 . . . . .                            |   | 61,403 |



Name as Shown on Return  
THE I'ON TRUST

California Corporation No.

| <b>Other Liabilities:</b>                         | Beginning<br>of Tax Year | End of<br>Tax Year |
|---|--------------------------|--------------------|
|   |                          |                    |
|   |                          |                    |
|   |                          |                    |
|   |                          |                    |
|   |                          |                    |
|   |                          |                    |
|   |                          |                    |
|   |                          |                    |
|   |                          |                    |
|   |                          |                    |
|   |                          |                    |
|   |                          |                    |
|   |                          |                    |
| Totals to Form 199, Schedule L, line 18 . . . . . |                          |                    |

DO NOT MAIL

| <b>Paid-in or Capital Surplus:</b>                         | Beginning of tax year | End of tax year |
|--|-----------------------|-----------------|
| NET ASSETS OR FUND BALANCES                                | 148,658.              | 210,061.        |
|  |                       |                 |
|  |                       |                 |
|  |                       |                 |
|  |                       |                 |
|  |                       |                 |
|  |                       |                 |
| <b>Totals to Form 199, Schedule L, line 20</b> . . . . . ▶ | 148,658.              | 210,061.        |

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DO NOT MAIL

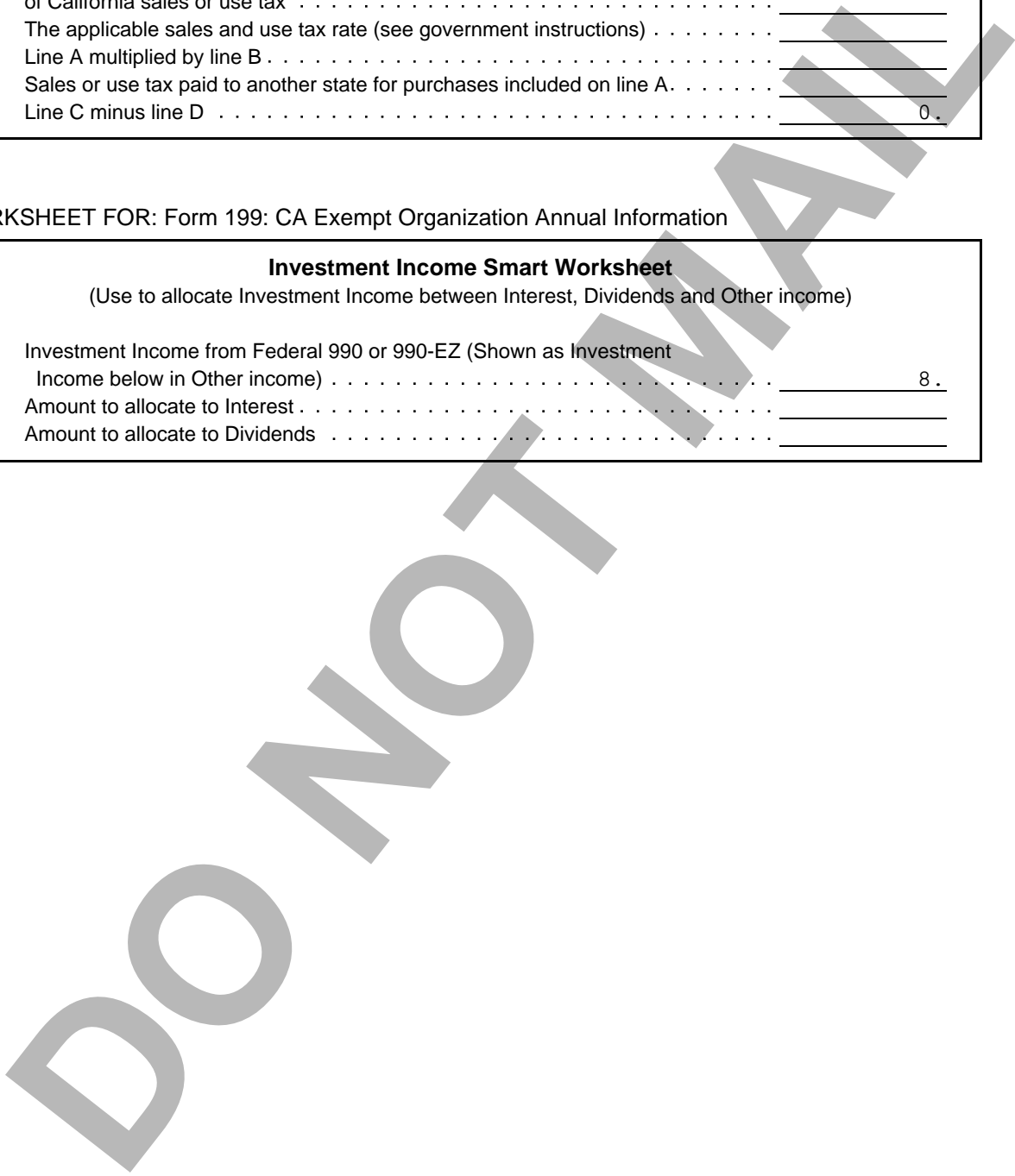
# Smart Worksheets from your 2021 California Exempt Organization Business

SMART WORKSHEET FOR: Form 199: CA Exempt Organization Annual Information

| Use Tax Smart Worksheet |   |
|-------------------------|---|
| <b>A</b>                | Purchases from out-of-state or Internet sellers made without payment of California sales or use tax . . . . . _____ |
| <b>B</b>                | The applicable sales and use tax rate (see government instructions) . . . . . _____                                 |
| <b>C</b>                | Line A multiplied by line B . . . . . _____   |
| <b>D</b>                | Sales or use tax paid to another state for purchases included on line A. . . . . _____                              |
| <b>E</b>                | Line C minus line D . . . . . _____ 0.  |

SMART WORKSHEET FOR: Form 199: CA Exempt Organization Annual Information

| Investment Income Smart Worksheet  |  |
|--|--|
| (Use to allocate Investment Income between Interest, Dividends and Other income) |  |
| <b>A</b>   | Investment Income from Federal 990 or 990-EZ (Shown as Investment Income below in Other income) . . . . . _____ 8. |
| <b>B</b>   | Amount to allocate to Interest . . . . . _____   |
| <b>C</b>   | Amount to allocate to Dividends . . . . . _____  |



## Additional information from your 2021 California Exempt Organization Business

### Form 199: CA Exempt Organization Annual Information

#### Part II, Line 7 - Other Income

Continuation Statement

| Description                   | Amount        |
|-------------------------------|---------------|
| GROSS INCOME FROM FUNDRAISING | 33,927        |
| EXPENSE REIMBURSEMENT         | 176           |
| INVESTMENT INCOME             | 8             |
| <b>Total</b>                  | <b>34,111</b> |

### Form 199: CA Exempt Organization Annual Information

#### Part II, Line 9 - Contributions

Continuation Statement

| Description          | Amount        |
|----------------------|---------------|
| COMMUNITY BETTERMENT | 30,185        |
| COMMUNITY BETTERMENT | 500           |
| <b>Total</b>         | <b>30,685</b> |

### Form 199: CA Exempt Organization Annual Information

#### Part II, Line 11 - Compensation

Continuation Statement

| Description      | Amount   |
|------------------|----------|
| SHANNON RUNQUIST | 0        |
| HEATHER EMRICH   | 0        |
| MEGAN FARR       | 0        |
| ANTONIA FOKAS    | 0        |
| STEPHEN ZALESKIE | 0        |
| LAURENS SMITH    | 0        |
| LEIGH WILLARD    | 0        |
| REID ELLIOTT     | 0        |
| CATHERINE KOTZ   | 0        |
| <b>Total</b>     | <b>0</b> |

### Form 199: CA Exempt Organization Annual Information

#### Part II, Line 17 - Expenses

Continuation Statement

| Description   | Amount        |
|---|---------------|
| PROFESSIONAL FEES AND OTHER PAYMENTS TO CONTRACTORS | 47,225        |
| PRINTING, PUBLICATIONS, POSTAGE AND SHIPPING        | 188           |
| DIRECT EXPENSES FROM GAMING AND FUNDRAISING         | 17,364        |
| COMMUNITY PROGRAMMING                               | 223           |
| VOLUNTEERS  | 378           |
| ALL OTHER ADMIN, ETC.                               | 7,968         |
| <b>Total</b>  | <b>73,346</b> |