Return of Organization Exempt From Income Tax

OMB No. 1545-0047 _

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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.	
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20 21
Open to Public Inspection

A	A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20							
в	Check i	f applicable:	C Name of organization LIVE ACTION	D Employer identification number				
	Address	s change	Doing business as	42-1764425				
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number				
	Initial re	eturn	2200 Wilson Blvd	L02	(323)454-3304		
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amende	ed return	Arlington, VA 22201		G Gross	receipts \$14,946,103.		
	Applica	tion pending	F Name and address of principal officer:	H(a) Is this a grou	up return fe	or subordinates? 🗌 Yes 🔀 No		
			Lila Rose, 2200 Wilson Blvd, Suite 102, Arlington, VA 222	201 H(b) Are all su	bordinat	es included? 🗌 Yes 🗌 No		
I	Tax-exe	empt status:	X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	If "No," at	ttach a li	st. See instructions.		
J	Websit	e: 🕨 Livea	ction.org	H(c) Group ex	emption	number 🕨		
к	Form of	organization: 🗙	Corporation ☐ Trust	ation: 2008	M State	of legal domicile: CA		
Ρ	art I	Summa	ry					
_	1	Briefly des	cribe the organization's mission or most significant activities: Live \mathtt{A}	ction exists	to def	end the human rights		
e			ost vulnerable: preborn children. Through educational m					
Activities & Governance		and inves	tigative reporting, Live Action works to change hearts and m	ninds about ab	portio	n and human dignity.		
/err	2		box ►					
90	3	Number of	voting members of the governing body (Part VI, line 1a)		3	5		
જ	4	Number of	independent voting members of the governing body (Part VI, line 1b)	4	4		
ties	5		per of individuals employed in calendar year 2021 (Part V, line 2a)		5	40		
tivi	6	Total numb	per of volunteers (estimate if necessary)		6	0		
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0.		
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year		Current Year		
Ð	8	Contributio	ons and grants (Part VIII, line 1h)	7,315,	094.	14,056,877.		
Revenue	9	Program s	ervice revenue (Part VIII, line 2g)	2,	000.	3,600.		
leve	10	Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d)	34,	774.	78,871.		
ш.	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	124,	412.	233,671.		
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,476,	280.	14,373,019.		
	13		I similar amounts paid (Part IX, column (A), lines 1–3)		0.	17,678.		
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)					
ŝ	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	1,868,	162.	2,719,021.		
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)	47,	633.	121,384.		
xpe	b		aising expenses (Part IX, column (D), line 25) ▶1,509,913.					
ш	17	Other expe	enses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,285,	257.	10,551,639.		
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	5,201,	052.	13,409,722.		
	19	Revenue le	ess expenses. Subtract line 18 from line 12	2,275,	228.	963,297.		
Net Assets or Fund Balances				Beginning of Curre	nt Year	End of Year		
sets	20		ts (Part X, line 16)	6,654,		8,705,622.		
at As	21		ties (Part X, line 26)	135,		1,164,172.		
		Net assets	or fund balances. Subtract line 21 from line 20	6,518,	823.	7,541,450.		
P	art II	Signatu	re Block					

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

Sign		Signature of officer			Date			
Here		Michael R Cowan, Treasu	ırer					
		Type or print name and title						
Paid	Pr	int/Type preparer's name	Preparer's signature	Date	Check	X if	PTIN	
Preparer	Ro	obert D. Ben-Kori, CPA	Robert A. Ben-Kori	09/16/20	022 self-em	ployed	P00736736	
Use Only		rm's name 🕨 Robert D. Ben-K	Kori, CPA, PLLC		Firm's EIN 🕨	46-4	505261	
Use Only			ve, Springfield, VA 22152		Phone no. (7	703)4	151-9136	
May the IRS discuss this return with the preparer shown above? See instructions								

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Form 99	0 (2021) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Live Action exists to defend the human rights
	of the most vulnerable: preborn children. Through educational media campaigns, visual storytelling,
	and investigative reporting, Live Action works to change hearts and minds about abortion and human dignity.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,401,604. including grants of \$ 8,839.) (Revenue \$ 0.)
	Live Action creates and publishes daily pro-life educational content,
	distributing it on our websites, through direct mail, and on social media
	platforms. Live Action investigations, reporting, and videos educate about
	the abortion industry, why abortion is a human rights abuse, and the value
	of all human life.
41-	(Onder
4b	(Code:) (Expenses \$ 4,395,117. including grants of \$ 8,839.) (Revenue \$ 3,600.) Live Action researches and produces in-depth reports on the abortion
	industry and presents them to the media and public officials; educates media
	and public officials on the need for changes in public policy;
	provides supporters with activism opportunities; and partners
	with other organizations to host special events and presentations.
4c	(Code:) (Expenses \$ 1,892,927. including grants of \$) (Revenue \$)
	Live Action News reports daily on important, under-reported stories,
	including stories that expose the abortion industry and the facts about abortion procedures, abortion's harm to women and society, and uplifting
	stories sharing the dignity and humanity of all children.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 10,689,648.

Form 99	0 (2021)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	×	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
с	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 er mano? If "Vea" complete Schedule 5. Date Land IV.			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	×	
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	×	
	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	20b	×	

Form 990 (2021) Page							
Part	V Checklist of Required Schedules (continued)						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated						
04-	employees? If "Yes," complete Schedule J	23	×	 			
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .	25b		×			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×			
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		×			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	×				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×			
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31 32		×			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		×			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×				
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 95	-					
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and						
U	reportable gaming (gambling) winnings to prize winners?	1c					

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 40 b If at least one is reported on line 2a, ddt the organization tile all required federal employment tax returns? 2b X Note: If the sum of lines 1 and 2a is greater than 250, your may be required to e-file. See instructions. 3a 3b 3b Did the organization have unvolated business gross income of \$1.000 or more during the year? 3a 3b 3b The set, the it filed a form 190-7 for this year? If 1%0 to line 3b, provide m seglenation on Schedule 0 3a 3b The set, the set of the foreign county (such as a bark account, securities account, or other financial account)? 4a 3b The set of the organization and party to provide m set on the set of the organization fact the set of the transmittor of the organization fact the set of the organization fact the set of the set of the organization fact the set of the set of the organization fact the set of the set of the organization fact the set of the set of the set of the organization fact the set of the organization fact the set of t	Form 990 (2021)					
Statements, filed for the calendar year ending with or within the year covered by this enturn [2a] 40 40 If at lease one is reported on line 2a, did the organization file and lenguined forder almolyament tax terturns? 40 Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file. See instructions. 30 10 the organization have unrelated business greater than 250, you may be required to e-file. See instructions. 36 11 "Yes," has it filed a forming county yeak it as a bark account, or other financial account? 44 11 "Yes," and the organization have an infrared it. Accounts (FBAR). 58 58 einstructions for filing requirements for fining county yeak it as a bark account, or other financial account? 56 50 Dot any taxable parky notify the organization file form 8886-17? 56 50 Dot any taxable parky notify the organization file form 8886-17? 56 51 1"Yes," did the organization include with very solicitation and express statement that such contributions of gifts were not tax deductible? 56 51 1"Yes," did the organization notify the donor of the value of the goods or senices provided 1 were preverse (actuation second \$7,7 77 52 1"Yes," indicate the number of Forms 828? file the organization file form 8282? 78 54 1"Yes," indicate the number of F	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a 3b The main of the sam of line is reported on <i>x</i> / <i>i</i> . Sam of <i>x</i> / <i>i</i> . Sa	2a					
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>s</i> -Me. See instructions Image: the sum of th	b		2b	x		
3a Did the organization have unrolated business gross income of \$1.000 or more during the year? 3a b H*Yes, This tilted a Form 90-T for this way of W*No* to ite 3b, provide an explanation on Schedule 0. 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a forigin country ▶ 4a b If *Yes, * enter the name of the foreign country ▶ See instructions for filing requirements to FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), Sa b Did any taxable party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party no try bit were not tax deductibles a charitable contributions? 5a c Does the organization neural gross receipts that are normally greater than \$100,000, and did the organization include with ever y solicitation an express statement that such contributions are for ganization science a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payo? 7a 7 Did the organization needine a special propersion at property for which it was required to file form \$282? 7a 7 Did the organization needine a paymeniums, directly or indirectly, to pay premiums on a personal benefit contract? 7a 7 The organization needine a contribution of autified intable cost probusice, oreleade person? 9a	-					
b If "Yes," has it filed a Form 990-T for this year // "No" to line 30, provide an explanation on Schedule 0 30 4 At any time during the caleadra year, did the organization have an interest in, or a signature or other authority over the authority over the foreign country > 30 5 Be instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 54 6 Was the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 56 7 Organization soluti any contributions that it was or is a party to a prohibited tax shelter transaction and prohibited tax shelter transactions? 56 7 Organization soluti any contributions that were not tax deductible as charitable contributions? 68 7 Organization soluti any contributions that were not tax deductible as charitable contributions? 66 8 If "Yes," redid the organization neceive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor? 70 9 If "Yes," indicate the number of Forms 8282 filed during the year? 74 11 If "Yes," indicate the number of Forms 8282 filed during the year? 76 9 Did the organization network as obsta, pripase or other witeling to indirectly or i	3a					
 4a At any time during the calendar year, did the organization have an interest in, or a signature or other atthonity over, a financial account in a foreign country year has a bank account, securities account, or other financial accounts (FBAP). See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). Sweath erganization a party to a prohibited tax shelter transaction at any time during the tax year?	b					
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country } If "Yes," enter the name of the foreign country } If "Yes," enter the name of the foreign country } If "Yes," enter the name of the foreign country } If "Yes," enter the amount of the organization fill it was the ther transaction at any time during the tax year. If if "Yes," to line 5a or 5b, did the organization that was or is a party to a prohibited tax shelter transaction. If "Yes," enter the amount of the organization that was not any tax bell party not the value of the probability is a contributions. If 'Yes," enter the amount of the organization enter was the ther transaction. If 'Yes, ''''''''''''''''''''''''''''''''''''	4a					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Earns and Financial Accounts (FEAR); See instructions for filing requirements for FinCEN Form 114, Report of Foreign Earns and Financial Accounts (FEAR); See instructions for filing requirements for FinCEN Form 114, Report of Foreign Earns and Financial Accounts (FEAR); See Dub dary taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at form association sociation and party for goods and services provided to the vary origination and the aver anolitication an expresse statement that such contributions or gifts were not tax deductible contributions and party for goods and services provided to the payor? 66 Organization shart may receive deductible contributions under section 170(c). Did the organization notify the donor of the value of the goods or services provided to the payor? 7a b If "Yes," idid the organization notify the donor of the value of the goods or services provided to the payor? 7a c If "Yes," indicate the number of Forms 8282 filed during the year 7a c If "Yes," indicate the number of Forms 8282 filed during the year 7a d If "Yes," indicate the number of Forms 8282 filed during the year 7a f Did the organization eavies a furthed in during the year? 7a f Did the organization make as distributions under section 4966? 9a s Sponsoring organization make as distributions under section 4966? 9a Did the			4a		×	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-7? 5c c Did any contributions that were not tax deductible a contributions? 5c b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a 7 Organizations that may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7 Did the organization notify the donor of the value of the goods or services provided? 7b c If "Yes," indicat the number of Form 8282 filed during the year 7d c If "Yes," indicat the number of forms 8282 filed during the year? 7d f Did the organization number of forms 8282 filed during the year? 7d g If the organization number of forms 8282 filed during the year? 7d g If the organization number of forms 8282 filed during the year? 7d g If the organization matching the year? 7d g Sponsoring organ	b					
b) Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b c) fif "Yes" to line 5o or 5b, did the organization file form 8886-17 5c 6a Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as chartable contributions or gifts were not tax deductible or the solid tax deductible or an an an an an an antibility of the organization include with every solidation and spress statement that such contributions or gifts were not tax deductible contributions under section 170(c). 7a a) Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a b) fi "Yes," ididicate the number of Forms 8282 lied during the year 7d c) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f fi the organization receive a or funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f fi the organization receive a or funds of east, basts any party, did the organization file PBMS-CP 7h b) did the sponsoring organization max any taxable distributions under section 4966? 9a g) Did the sponsoring organization max and a distributions under section 4966? 9b b) Did the sponsoring organization max and taxable distributions under sources 10a 10 bithe sponsoring	52		52		×	
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		against amounts due or received from them.)				
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14b 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 16 If "Yes," complete Form 4720, Schedule O. 17 16 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	12a		12a			
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17						
Note: See the instructions for additional information the organization must report on Schedule O. Image: the instructions for additional information is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: the instructions for additional information is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: the instructions for additional information is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: the instructions is licensed to issue qualified health plans c Enter the amount of reserves on hand Image: the instruction is licensed to issue qualified health plans Image: the image	13					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	а		13a			
the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. 15 If "Yes," complete Form 4720, Schedule O. 16 If "Yes," complete Form 4720, Schedule O. 16 If "Yes," complete Form 4720, Schedule O. 16 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	b					
 14a Did the organization receive any payments for indoor tanning services during the tax year?						
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 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 	14a		14a		×	
 excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? It and the imposition of an excise tax under section 4951, 4952 or 4953? 			14b			
 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 	15		15		×	
 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 			13			
If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	16		16		×	
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		-				
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
If (b)(a = 1) a super late Former 0000			17			
If "Yes," complete Form 6069.		If "Yes," complete Form 6069.				

Form 9	90 (2021)				ŀ	Page 0
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Secti	on A. Governing Body and Management					
						No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	5			
b 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business in any other officer, director, trustee, or key employee?		· ·	2		×
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or or			3		×
4	Did the organization make any significant changes to its governing documents since the prior For	m 990	was filed?	4		×

2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
_	with a taxable entity during the year?	16a		×
b		16a		×

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ► See Part VI, Line 17 stmt 17

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website X Upon request Other (explain on Schedule O) Another's website

- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records > 20 The Organization, 2200 Wilson Blvd Ste 102 PMB 111, Arlington, VA 22201 (323)454-3304

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Form 990 (2021)	Form	990	(2021)
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

				(0	C)					
(A)	(B)	(d.a. m	at ak		ition	then a		(D)	(E)	(F)
Name and title	Average	box,	unles	ss pe	erson	e than c is both	n an	Reportable	Reportable	Estimated amount
	hours per week		1			or/trust	<u> </u>	compensation from the	compensation from related	of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Lila Rose	40.00									
President		×		×				225,651.	0.	9,143.
(2) Lawrence Simpson	2.00								_	
Board Member		×						0.	0.	0.
(3) Cody Thompson	2.00	×						0	0	0
Board Member	2 00	^						0.	0.	0.
(4) Berni Neal Secretary	2.00	×						0.	0.	0.
(5) Michael Cowan	2.00							0.	0.	0.
Treasurer	2.00	×		×				0.	0.	0.
(6) Josef Lipp	40.00									
Chief Operating Officer						×		187,704.	0.	17,022.
(7)Gabriel Renfro	40.00									
Video Producer						×		162,705.	0.	17,022.
(8) Lauren Merz	40.00									
Vice President of Strategic Partnerships						×		169,119.	0.	3,873.
(9) Alison Centofante	40.00									
Director of External Relations						×		105,942.	0.	0.
(10) Devin Sena	40.00					×		110 472	0	4 000
Marketing Director (11)						^		110,473.	0.	4,230.
(1)										
(12)										
(13)										
(14)										
		L	<u> </u>							- 000 (1111)

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Emj	ploy	yee	s, an	d⊦	lighest Compe	nsated Emplo	yees (cc	ontini	ued)
						C)							
	(A)	(B)	(do n	ot of		ition	e than o	no	(D)	(E)	(1	F)	
	Name and title	Average					is both		Reportable	Reportable	Estimate		unt
		hours per week	office	er and	-	lirect	or/truste	,	compensation from the	compensation from related	of c compe	other ensatio	n
		(list any	Individual t or director	Institutional	Officer	Key	High	Former	organization (W-2/	organizations (W-2/	fron	n the	
		hours for related	irec	tutio	Cer	em	nest	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organiza related org		
		organizations	Individual trustee or director	onal		Key employee	e com				· olatoù olij	gainza	
		below dotted line)	uste	trustee		l e	ipen						
			e e	tee			Highest compensated employee						
(15)							<u> </u>						
(15)													
(16)													
(,													
(17)													
<u></u>			1										
(18)													
(19)													
(20)			-										
<u> </u>													
(21)			1										
(00)													
(22)			-										
(23)													
(20)													
(24)													
<u></u>			1										
(25)													
1b	Subtotal						I		961,594.	0.	5	1,2	90.
С	Total from continuation sheets to Part			•	•	• •	I						
d	Total (add lines 1b and 1c) .						<u> </u>		961,594.	0.		1,2	90.
2	Total number of individuals (including but reportable compensation from the organi		to tr	IOSE	list) W	ho received mor	e than \$100,000	of		
	reportable compensation from the organ						9						<u></u>
3	Did the organization list any former	officar dire	otor	+~	oto	<u> </u>		<u></u>	avon or higher	t componented		res	No
3	employee on line 1a? If "Yes," complete							-		-			~
4	For any individual listed on line 1a, is the										3		×
-	organization and related organizations												
	individual	-							-		4	x	
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	froi	m anv	un	related organiza	tion or individual			
	for services rendered to the organization										5		×
<u> </u>	an D. Indonondont Contractors										1		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Facebook, 1 Hacker Way, Menlo Park, CA 94025	Advertising	1,721,985.
Immaculate Studios, LLC, 2130 9th St W #198, Columbia Falls , MT 59912	Information Technology	358,304.
Burns Management, LLC, 530 Boulder Lake Dr, Oxford, MI 48371	Media Content	475,000.
Yahoo Ad Tech LLC, 770 Broadway, New York, NY 10003	Advertising	365,523.
Direct Persuasion , 1300 17th St N, Arlington, VA 22209	334,918.	
2 Total number of independent contractors (including but not limited to	those listed above) who	
received more than \$100,000 of compensation from the organization \blacktriangleright	10	

Part VIII Statement of Revenue

Part	VIII	Statement of Rev Check if Schedule			nong	se or note to ar	ny line in this Pa	art VIII		
			0.00				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaig	ns .		1a					
nan	b	Membership dues		[1b					
¶ Ture Ture Ture Ture Ture Ture Ture Ture	С	Fundraising events			1c		_			
iifts ar ⊿	d	Related organization		-	1d		-			
nii G	e	Government grants All other contribution			1e		-			
ion: r Si	f	and similar amounts no			4.6	14 056 077				
but	g	Noncash contributio		L		14,056,877.	-			
Contributions, Gifts, Grants, and Other Similar Amounts	5	lines 1a–1f			1a	\$ 172,325.				
an	h	Total. Add lines 1a-	-1f .				14,056,877.			
						Business Code				
ice	2a	Honorarium				813311	3,600.	3,600.	0.	0.
er er	b									
n S	С									
jram Ser Revenue	d									
Program Service Revenue	e									
٩	f g	All other program se Total. Add lines 2a-					3,600.			
	3	Investment income					3,000.			
		other similar amoun					82,862.	0.	0.	82,862.
	4	Income from investr	nent o	of tax-exemp	ot boi	nd proceeds ►				
	5	Royalties				🕨				
				(i) Real		(ii) Personal	_			
	6a	Gross rents	6a				-			
	b	Less: rental expenses					-			
	C L	Rental income or (loss)				`				
	d 7a	Net rental income o Gross amount from	r (ios	S) (i) Securitie		►				
	/a	sales of assets			,5		-			
		other than inventory	7a	163,41	10.					
Ð	b	Less: cost or other basis		,			-			
venue		and sales expenses .	7b	167,40	01.					
	С	Gain or (loss)	7c	-3,99	91.					
Other Re				· · · .	· .	🕨	-3,991.	0.	0.	-3,991.
the	8a	Gross income fro		ndraising						
0		events (not including of contributions rep		d on line						
		1c). See Part IV, line			8a	317,108.				
	b	Less: direct expens			8b	292,897.	-			
		Net income or (loss)					24,211.		0.	24,211.
	9a	Gross income f	from	gaming [
		activities. See Part I	IV, lin	e19.	9a					
		Less: direct expens			9b					
		Net income or (loss)			ivitie	s 🕨				
	10a	Gross sales of ir returns and allowan			10-	222 246				
	h			-	10a 10b	322,246.	-			
		Less: cost of goods Net income or (loss)					209,460.	0.	0.	209,460.
s	U		,	. 54,55 01 111		Business Code	205,100.	0.	0.	200,100.
e sou	11a	Other Types o	f Ir	ncome	ł	813311	0.	0.	0.	0.
Miscellaneous Revenue	b									
eve	с									
Alisc B	d	All other revenue			. [
2		Total. Add lines 11a					0.		-	
	12	Total revenue. See	instr	uctions .		►	14,373,019.	3,600.	0.	312,542.

Form **990** (2021)

Part IX Statement of Functional Expenses

Do no	Check if Schedule O contains a response of include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
-	and domestic governments. See Part IV, line 21	17,678.	17,678.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
2					
3	Grants and other assistance to foreign organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	234,794.	143,029.	77,015.	14,750
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	0.156.600	1 500 016		220.044
7 8	Other salaries and wages	2,176,608.	1,500,216.	337,446.	338,946
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	124,648.	1,715.	122,933.	(
10	Payroll taxes	182,971.	136,777.	15,768.	30,420
11	Fees for services (nonemployees):				
а	Management	0.	0.	0.	
b	Legal	43,625.	23,500.	20,125.	
c		81,012.	0.	81,012.	
d	Lobbying	101 204			101 20
e f	Investment management fees	121,384.			121,38
g	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A), amount, list line 11g expenses on Schedule O.)	3,405,134.	3,043,505.	78,954.	282,67
12	Advertising and promotion	4,403,245.	4,351,965.	14,977.	36,30
13	Office expenses	184,546.	152,532.	20,484.	11,53
14	Information technology	51,201.	35,316.	14,566.	1,31
15	Royalties				
16		161,577.	17,957.	143,620.	
7 8	Travel	266,587.	241,926.	21,581.	3,08
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	163,698.	150,328.	11,383.	1,98
20		105,050.	10,520.	11,303.	1,90
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	12,937.	10,349.	1,294.	1,294
23	Insurance	88,372.	48,418.	39,954.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Publications and Subscriptions	197,356.	169,726.	11,351.	16,27
a b	Printing and Copying	519,982.	291,648.	5,100.	223,234
c	Postage and Mailing	733,046.	265,673.	41,974.	425,399
d	Bank Charges and Fees	124,850.	0.	124,850.	(
е	All other expenses	114,471.	87,390.	25,774.	1,30
25	Total functional expenses. Add lines 1 through 24e	13,409,722.	10,689,648.	1,210,161.	1,509,913
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🛛 if				
	following ŠOP 98-2 (ASC 958-720)	1,491,942.	531,131.	0.	960,81

Form 990 (2021)

Check if Schedule O contains a response or note to any line in this Part X Image: Colspan="2">Control Contains a response or note to any line in this Part X 1 Cash – non-interest-bearing 2, 124, 308, 1 2, 529, 130. 2 Savings and temporary cash investments 4, 440, 705, 2 6, 891. 3 Pledges and grants receivable, net 0, 3 0. 4 Counts receivable, net 0, 4 0. 5 Loans and other receivables from any current or former officer, director, truste, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 6 Loans and other receivables from other disqualified persons (as defined under section 4856(k)(3)). 6 7 7 Notes and loans receivable, net 7 7 8 9 Prepaid expenses and deferred charges 42, 840. 9 447, 705. 10 Last, Scomplete Part VI of Schedule D 10a 42, 163. 10a 11 Investment3 – publicly traded securities 556. 11 6, 1216.533. 11 Investment3 – publicly traded securities 135.366. 17		n 990 (2	,			Page 11
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28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here ▶ □ 28 and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 518, 923, 32 7, 541, 450	ılar	27	Net assets without donor restrictions	6.518.823.	27	7.541.450.
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$\pi_1 \nu_2$ relation to a sets of fully balances	∍t ∠	32	Total net assets or fund balances	6,518,823.	32	7,541,450.
Z 33 Total liabilities and net assets/fund balances	ž	33	Total liabilities and net assets/fund balances	6,654,209.	33	8,705,622.

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Form **990** (2021)

Form 99	90 (2021)			Pa	ge 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				×
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,3	73,0	19.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,4	09,7	22.
3	Revenue less expenses. Subtract line 2 from line 1	3	9	63,2	97.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,5	18,8	23.
5	Net unrealized gains (losses) on investments	5		59,3	37.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			-7.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10	7,5	41,4	50.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	· · · · ·	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	biain on			
_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>×</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	· ·	2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ed on a			
_	Separate basis Consolidated basis Both consolidated and separate basis	alalat of			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accountar				
			2c	×	
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	plain on			
20	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	h in the			
34	Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		38		
5	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au		3b		
					(0001)

REV 07/25/22 PRO

Form **990** (2021)

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Part VI, Line 17 (continued)

Continuation Statement

Part VI, Line 17 (continued)	Continuation Statement
States Where Copy of Return	n is Required
AK	
AR	
CA	
со	
СТ	
DC	
FL	
GA	
HI	
IL	
KS	
КҮ	
LA	
ME	
MD	
MA	
MI	
MN	
MS	
MO	
NV	
NH	
NJ	
NM	
NY	
NC	
ND	
ОН	
ОК	
OR	
PA	
RI	
SC	
TN	
UT	
VA	
WA	

Continuation Statement

Form 990: Return of Organization Exempt from Income Tax

Part VI, Line 17 (continued)

	States Where Copy of Return is Required	
WV		
WI		
AL		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

LI

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number
42-1764425

VE	ACTION		

Part I	Reason for Public Charity	v Status. (A	All organizations	must complete this p	oart.) 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 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **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)

g		,	g · · · · · · · · · · · · · · · · · · ·						
(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)									
Total									

Part IISupport 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.)

Secti	on A. Public Support			/1		,	
-	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,066,257.				14,056,877.	32,299,115.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			, ,			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,066,257.	2,901,804.	4,959,083.	7,315,094.	14,056,877.	32,299,115.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,855,950.
6	Public support. Subtract line 5 from line 4						29,443,165.
	on B. Total Support	1	1	1	1	1	
	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	3,066,257.	2,901,804.	4,959,083.	7,315,094.	14,056,877.	32,299,115.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	649.	24,787.	41,352.	34,925.	82,862.	184,575.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						32,483,690.
12	Gross receipts from related activities, etc					12	713,678.
13	First 5 years. If the Form 990 is for the	-			-		
Saati	organization, check this box and stop he on C. Computation of Public Support						🕨 🗋
<u>3ecu</u> 14	Public support percentage for 2021 (line			11 column (f))		14	90.64%
14	Public support percentage for 2021 (intel Public support percentage from 2020 Scl					15	95.93%
16a	33 ¹ / ₃ % support test-2021. If the organ						
	box and stop here. The organization qua						
b	33 ¹ /3% support test – 2020. If the organithis box and stop here. The organization	ization did not	check a box c	on line 13 or 16	a, and line 15	is 331/3% or m	nore, check
17a	10%-facts-and-circumstances test-2 10% or more, and if the organization metar VI how the organization meets the organization	neets the facts facts-and-circ	-and-circumst umstances tes	ances test, ch st. The organiz	eck this box a zation qualifies	and stop here as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organ	check this bo zation qualifie	ox and stop he s as a publicly	re. Explain supported
18	Private foundation. If the organization						

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge						
6 70	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
7a	received from disqualified persons .						
	· · ·						
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
-	Add lines 10a and 10b						
C 11	Net income from unrelated business						
11	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	•	's first, second	, third, fourth,	or fifth tax yea	ar as a seo	ction 501(c)(3)
	organization, check this box and stop her						🕨 🗌
	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8					15	%
<u>16</u>	Public support percentage from 2020 Sch					16	%
	on D. Computation of Investment Inc			Nulling 10 activ	(f))	17	0/
17 10	Investment income percentage for 2021 (I			•	())	17	%
18 19a	Investment income percentage from 2020 331/3% support tests - 2021. If the organi					-	% ³¹ /3% and line
199	17 is not more than $33^{1}/_{3}$ %, check this box a						
b	33 ¹ / ₃ % support tests – 2020. If the organize	-	-	-		-	
~	line 18 is not more than $33^{1/3}$ %, check this b						
20	Private foundation. If the organization did	-	-	-			
				,, , .			· · · · ·

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3b

Yes No

Yes No

1

2

1

Yes No

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

Schedule A (Form 990) 2021

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

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Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	1
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish of		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted 2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive 8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		1()
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI.</i> See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

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Schedule A (Form 990) 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.)

Schedule	В
(Form 990)	

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

20**21**

Employer identification number

42-1764425

Department of the Treasury Internal Revenue Service Name of the organization

LIVE ACTION

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☑ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

	(Form 990) (2021)		Page 2
	organization		ployer identification number
LIVE A			2–1764425
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	Giving University Foundation		Person 🛛 Payroll
	5500 E La Palma Ave Anaheim CA 92807		Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Heavenly Father's Foundation PO Box 1032 Cisco TX 76437	\$ 1,500,000.	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Dwight K. Kay 46E Peninsula Center Dr. 382 Palos Verdes Peninsula CA 90274		Person×PayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Morgan N. Smith 985 Tomahawk Dr Cosby TN 37722	\$359,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	The Signatry 7171 W. 95th St, Suite 501 Overland Park KS 66212	\$\$	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)	Page 3
Name of organization	Employer identification number
LIVE ACTION	42-1764425

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (I	Form 990) (2021)			Page 4		
Name of org	ganization			Employer identification number		
LIVE AC				42-1764425		
Part III	(10) that total more than \$1,000 f the following line entry. For organiz contributions of \$1,000 or less for	for the year from any zations completing Pa the year. (Enter this in	one contributor. rt III, enter the tota nformation once. S	escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and al of <i>exclusively</i> religious, charitable, etc., see instructions.) \$		
(a) No.	Use duplicate copies of Part III if a	dditional space is nee	ded.			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
_	Transferee's name, address,		fer of gift Relatio	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
_		(e) Trans	fer of gift			
	Transferee's name, address,		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
-						
	Transferee's name, address,		fer of gift Relatio	nship of transferor to transferee		
(a) No.				1		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
_						
	Transferee's name, address,		sfer of gift Relationship of transferor to transferee			
F						

SCHE	DULE C	Political Campaign and Lobbying Activitie	S	OMB No. 1545-0047
(Form	990)	For Organizations Exempt From Income Tax Under section 501(c) and se	ction 527	2021
Department of the Treasury Internal Revenue Service		 Complete if the organization is described below. Attach to Form 990 or F Go to www.irs.gov/Form990 for instructions and the latest information 		Open to Public Inspection
If the o	organization answ	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political	Campaign Acti	vities), then
• Se	ction 501(c)(3) or	ganizations: Complete Parts I-A and B. Do not complete Part I-C.		
• Se	ction 501(c) (othe	r than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not comple	ete Part I-B.	
• Se	ction 527 organiz	ations: Complete Part I-A only.		
If the c	organization answ	vered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbyin	g Activities), th	en
• Se	ction 501(c)(3) or	ganizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A	۹. Do not compl	ete Part II-B.
• Se	ction 501(c)(3) or	ganizations that have NOT filed Form 5768 (election under section 501(h)): Complete Pa	art II-B. Do not c	complete Part II-A.
If the c	organization answ	vered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) o	r Form 990-EZ	, Part V, line 35c (Proxy
Tax) (S	ee separate inst	ructions), then		
• Se	ction 501(c)(4), (5), or (6) organizations: Complete Part III.		
Name of	of organization	Em	ployer identific	ation number
LIVE	ACTION	4	2-1764425	
Part	I-A Comp	lete if the organization is exempt under section 501(c) or is a sect	tion 527 orga	anization.
1		cription of the organization's direct and indirect political campaign activiti olitical campaign activities."	ies in Part IV.	. See instructions for
2	Political campa	aign activity expenditures. See instructions	🕨 💲	
3	Volunteer hour	s for political campaign activities. See instructions		
Part	I-B Comp	lete if the organization is exempt under section 501(c)(3).		
1	Enter the amou	Int of any excise tax incurred by the organization under section 4955	🕨 💲	
2	Enter the amou	Int of any excise tax incurred by organization managers under section 4955	► \$	
3		ion incurred a section 4955 tax, did it file Form 4720 for this year?		. Yes No
4a	Was a correcti	on made?		. Yes No
b	lf "Yes," descr	be in Part IV.		
Part	I-C Comp	lete if the organization is exempt under section 501(c), except see	ction 501(c)(3).
1	Enter the amo activities	unt directly expended by the filing organization for section 527 exempt fu	unction ► \$	
2		unt of the filing organization's funds contributed to other organizations for s		
3		function expenditures. Add lines 1 and 2. Enter here and on Form 112	0-POL,	
4		rganization file Form 1120-POL for this year?		. Yes No
5	organization m the amount of	es, addresses and employer identification number (EIN) of all section 527 polit ade payments. For each organization listed, enter the amount paid from the fi political contributions received that were promptly and directly delivered to a segregated fund or a political action committee (PAC). If additional space is nee	iling organizati separate politi	on's funds. Also enter cal organization, such

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Sc	hedu	e C (Form 990) 2021			Page 2
Ρ	art	I-A Complete if the organization section 501(h)).	n is exempt under section 501(c)(3) and file	d Form 5768 (ele	ection under
Α	Cł	eck 🕨 🗌 if the filing organization belong	gs to an affiliated group (and list in Part IV each aff	iliated group memb	er's name,
		address, EIN, expenses, and	share of excess lobbying expenditures).		
в	Cł	eck 🕨 🗌 if the filing organization check	ed box A and "limited control" provisions apply.		
		Limits on Lobb	ying Expenditures	(a) Filing	(b) Affiliated
		(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
	1a	Total lobbying expenditures to influence	public opinion (grassroots lobbying)	79.	
	b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	6,410.	
	С	Total lobbying expenditures (add lines 1a	a and 1b)	6,489.	
	d	Other exempt purpose expenditures .		12,351,662.	
	е	Total exempt purpose expenditures (add	lines 1c and 1d)	12,358,151.	
	f	Lobbying nontaxable amount. Enter	he amount from the following table in both		
	_	columns.		767,908.	
		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
		Not over \$500,000	20% of the amount on line 1e.		
		Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
		Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
		Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
		Over \$17,000,000	\$1,000,000.		
	g	Grassroots nontaxable amount (enter 25		191,977.	
	h	Subtract line 1g from line 1a. If zero or le		0.	
	i	Subtract line 1f from line 1c. If zero or les		0.	
	j	If there is an amount other than zero reporting section 4911 tax for this year?	on either line 1h or line 1i, did the organizatior		Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total			
2a	Lobbying nontaxable amount	276,981.	352,984.	391,694.	767,908.	1,789,567.			
b	Lobbying ceiling amount (150% of line 2a, column (e))					2,684,351.			
c	Total lobbying expenditures	8,025.	2,268.	6,525.	6,489.	23,307.			
d	Grassroots nontaxable amount	69,245.	88,246.	97,924.	191,977.	447,392.			
е	Grassroots ceiling amount (150% of line 2d, column (e))					671,088.			
f	Grassroots lobbying expenditures	8,025.	957.	54.	79.	9,115.			

REV 07/25/22 PRO

Schedule C (Form 990) 2021

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT 1 (election under section 501(h)).	iled	Form	5768
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)	(b)
	iption of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
h i	Other activities?			
i	Total. Add lines 1c through 1i . <th< td=""><td></td><td></td><td></td></th<>			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part)(5), c	or se	ction
	501(c)(6).			
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		-	3
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		
а	Current year		2a	
b	Carryover from last year		2b	
С	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby			
_	and political expenditure next year?	•	4	
5	Taxable amount of lobbying and political expenditures. See instructions	•	5	
Par				
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis [.]	t); Par	t II-A, lines 1 and

Schedule C (Form 990) 2021

Schedule C (For	rm 990) 2021	Page 4
Part IV	Supplemental Information (continued)	
	·· · · · · · · · · · · · · · · · · · ·	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. 2021

OMB No. 1545-0047

Departm	ent of the Treasury		Attach to Form 990.			Open to P	
	Revenue Service	► Go to www.irs.gov/Form9	990 for instructions a	nd the latest informa	ition.	Inspectior	1
Name o	of the organization				Employer identification	ation number	
LIVI	E ACTION				42-1764425		
Par	t Organi	zations Maintaining Donor Advi	sed Funds or Ot	her Similar Fund	s or Accounts	6.	
		ete if the organization answered "					
		.	(a) Donor ad		(b) Funds a	nd other account	S
1	Total number :	at end of year	(,		(4)		-
2		ue of contributions to (during year)					
3		ue of grants from (during year)					
4		ue at end of year			al im al ana ar a al ri		
5		ization inform all donors and donor a organization's property, subject to the					_ . .
6			-	-			
6		zation inform all grantees, donors, ar					
		able purposes and not for the benefiter and solve the benefiter and the second se				_	
Part		rvation Easements.					
	Comple	ete if the organization answered "	Yes" on Form 990), Part IV, line 7.			
1	Purpose(s) of a	conservation easements held by the c	organization (check	all that apply).			
	Preservation	of land for public use (for example, recrea	ation or education)	Preservation of	a historically im	portant land	area
	Protection	of natural habitat		Preservation of	a certified histo	ric structure	
	Preservatio	n of open space					
2		s 2a through 2d if the organization hel	d a qualified conse	vation contribution	in the form of a	conservation	
	easement on t	he last day of the tax year.			Held a	at the End of the	Tax Yea
а	Total number of	of conservation easements			. 2a		
b		restricted by conservation easements					
c	-	nservation easements on a certified hi			-		
d		onservation easements included in (
					· 2d		
3		nservation easements modified, trans				anization du	ring th
U	tax year ►	iservation easements modified, trans		linguished, or term	inated by the of	ganzation at	unig tri
4		too where property subject to concern	uction accoment is l				
4 5		tes where property subject to conserv anization have a written policy reg			ection bandling	l of	
5		enforcement of the conservation eas				_	
•						· [] Yes	∐ No
6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of viola	ations, and enforcing	conservation eas	sements during	the yea
	•						
7		enses incurred in monitoring, inspecting	g, handling of violation	ons, and enforcing c	onservation ease	ements during	the yea
	▶\$						
8		nservation easement reported on line 2		-		B)(i)	
		′0(h)(4)(B)(ii)?				· 🗌 Yes	🗌 No
9		scribe how the organization reports c					
		, and include, if applicable, the text of		organization's finar	ncial statements	that describe	es the
	organization's	accounting for conservation easemer	nts.				
Part	III Organi	zations Maintaining Collections	of Art, Historica	I Treasures, or C	Other Similar A	Assets.	
	Comple	ete if the organization answered "	Yes" on Form 990), Part IV, line 8.			
1a	If the organiza	tion elected, as permitted under FAS	B ASC 958, not to	report in its revenue	e statement and	balance shee	et work
	0	al treasures, or other similar assets	,				
		le in Part XIII the text of the footnote t					•
b		tion elected, as permitted under FAS				alance sheet v	Norks
	•	reasures, or other similar assets held					
		lowing amounts relating to these item	-	., 566666101, 01 1656			551 1100
	-				⊾ .*		
	(i) Revenue in	cluded on Form 990, Part VIII, line 1			· · · ► \$		
•	(II) Assets inclu	uded in Form 990, Part X			🕨 💲		
2	If the organiza	ation received or held works of art,	historical treasures	, or other similar a	assets for finance	cial gain, pro	vide th
	-	unts required to be reported under FA	ASC 958 relatin	ig to these items:			
2	Povonuo inclui	dod on Form 000 Part VIII line 1			b		

a Revenue included on Form 990, Part VIII, line 1 \$_____ **b** Assets included in Form 990, Part X ►

BAA

Schedu	e D (Form 990) 2021									Page 2
Part	III Organizations Maintaining	Collec	tions of	Art, His	torical 1	Freasures	, or O	ther Similar A	ssets (col	ntinued)
3	Using the organization's acquisition, collection items (check all that apply):		on, and ot	her reco	rds, chec	k any of th	e follov	ving that make	significant	use of its
а	Public exhibition			d	🗌 Loan	or exchang	e prog	ram		
b	Scholarly research					-				
с	Preservation for future generations	;								
4	Provide a description of the organizat	tion's co	ollections	and expla	ain how t	hey further	the org	ganization's exe	empt purpo	se in Part
5	During the year, did the organization assets to be sold to raise funds rather									s 🗌 No
Part	IV Escrow and Custodial Arra	angeme	ents.							
	Complete if the organization 990, Part X, line 21.	answe	ered "Yes	" on For	m 990, F	Part IV, line	e 9, or	reported an a	mount on	Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?									s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII a	nd comple	ete the fo	llowing ta	able:				
									Amount	
С	Beginning balance						10	;		
d	Additions during the year						10	ł		
е	Distributions during the year						16			
f	Ending balance						11			
2a	Did the organization include an amoun								-	s 🗌 No
	If "Yes," explain the arrangement in Pa	art XIII. (Check her	e if the e	kplanatio	n has been	provid	ed on Part XIII		
Par				. –			10			
	Complete if the organization									
		(a) Cu	rrent year	(b) Pri	or year	(c) Two year	rs back	(d) Three years ba	ick (e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
لم										
d e	Grants or scholarships Other expenditures for facilities and									
C	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	he curre	ent vear er	l Id balanc	e (line 10	L L column (a)) held	as.		
a	Board designated or quasi-endowmer		sine your or	%	o (into 19		,,, nora			
b	Permanent endowment ►	0/		/ 0						
С	Term endowment ► %									
	The percentages on lines 2a, 2b, and	2c shou	ld equal 1	00%.						
3a	Are there endowment funds not in the	e posse	ssion of th	ne organi	zation tha	at are held	and ac	Iministered for	the	
	organization by:								1	Yes No
	(i) Unrelated organizations								. 3a(i)	
	()									
b	If "Yes" on line 3a(ii), are the related o								. 3b	
4	Describe in Part XIII the intended uses		organizatio	on's endo	wment fu	unds.				
Part				. –				o = 00/		10
	Complete if the organization									
	Description of property	(a) Cost or of (investm			or other basis ther)	• •	Accumulated epreciation	(d) Book	value
1a	Land	. 🗋		0.						0.
b	Buildings	. L								
С	Leasehold improvements	. L								
d	Equipment					42,163.		33,485.		8,678.
<u>e</u>	Other					(D) //				0.650
I otal.	Add lines 1a through 1e. (Column (d) n	nust equ	ıal ⊢orm 9	90, Part)	k, columr	1 (В), line 10	ю.).	🕨		8,678.

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

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2021

	le D (Form 990) 2021				Page 4
Part				Retur	n.
	Complete if the organization answered "Yes" on Form 990,	Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	14,725,253.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	59,337.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	59,337.
3	Subtract line 2e from line 1			3	14,665,916.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				· · · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-292,897.		
с	Add lines 4a and 4b			4c	-292,897.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	14,373,019.
Part				er Ret	
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	13,702,619.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	292,897.		
e	Add lines 2a through 2d	-	-	2e	292,897.
3	Subtract line 2e from line 1			3	13,409,722.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	· · ·			13,107,722.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, lir</i>			5	13,409,722.
Part		ie 10. <i>j</i> .		J	13,107,722.
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Parl	IV, lines 1b and 2b	; Part \	V, line 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provi	de any additional in	format	ion.
D 1 T					
РС X	I, Line 4b: Event expenses reclassified.				
D+ X	II, Line 2d: Event expenses reclassified.				

Schedule D (Fo	orm 990) 2021	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE G		Supplemental Information Regarding Fundraising or Gaming Activities						OMB No. 1545-0047	
(Form 990) Complete i		f the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.					2021		
Department of the Treasury Internal Revenue Service			Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public	
Name of the organization								Inspection cation number	
LIVE ACTION						42-1764425			
Part IFundraising 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									
a									
	 b Internet and email solicitations c Phone solicitations f Solicitation of government grants g Special fundraising events 								
d									
2a	·								
	or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Xes 🗌 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	
Eberle Associates				Yes	No		U U		
1		Direct Mail		×	4,234,992.	188,484.	4,046,508.		
2									
3									
4									
5									
6									
7									
8									
9									
10									
Tota						4,234,992.	188,484.	4,046,508.	
3 AL	registration or	in which the orga licensing.	nization is regist	ered or lice	ensed to s	olicit contributior		ed it is exempt from	

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 Gala	(b) Event #2 None	(c) Other events None	(d) Total events (add col. (a), through
			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	317,108.			317,108.
ш	2	Less: Contributions				
	3	Gross income (line 1 minus				
	-	line 2)	317,108.			317,108.
		,	,			
	4	Cash prizes				
	_					
	5	Noncash prizes				
	-					
Direct Expenses	6	Rent/facility costs	258,287.			258,287.
ens	-		200,20,1			
Т.	7	Food and beverages				
Б						
ire	8	Entertainment				
	9	Other direct expenses .	34,610.			34,610.
			!			
	10	Direct expense summary. Ad	d lines 4 through 9 in c	olumn (d)		292,897.
	11					<u> 292,897.</u> 24,211.
Pa	rt III	Net income summary. Subtra Gaming. Complete if the	e organization answe	ered "Yes" on Form	990, Part IV, line 19,	or reported more than
		\$15,000 on Form 990-E2	Z, line 6a.			
-						
Ψ			(a) Pingo	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
evenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	2	Cash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	2	Cash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	2 3	Cash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	2 3	Cash prizes		bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	2 3 4	Cash prizes	(a) Bingo	bingo/progressive bingo		(d) Total gaming (add col. (a) through col. (c))
	2 3 4	Cash prizes		bingo/progressive bingo		(d) Total gaming (add col. (a) through col. (c))
	2 3 4 5	Cash prizes . . Noncash prizes . . Rent/facility costs . . Other direct expenses . Volunteer labor . .	□ Yes % □ No	bingo/progressive bingo	□ Yes%	(d) Total gaming (add col. (a) through col. (c))
	2 3 4 5	Cash prizes	□ Yes % □ No	bingo/progressive bingo	□ Yes%	(d) Total gaming (add col. (a) through col. (c))
	2 3 4 5 6	Cash prizes	 ☐ Yes % ☐ No d lines 2 through 5 in c 	bingo/progressive bingo	☐ Yes% ☐ No	(d) Total gaming (add col. (a) through col. (c))
	2 3 4 5 6	Cash prizes . . Noncash prizes . . Rent/facility costs . . Other direct expenses . Volunteer labor . .	 ☐ Yes % ☐ No d lines 2 through 5 in c 	bingo/progressive bingo	☐ Yes% ☐ No	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes% No d lines 2 through 5 in c y. Subtract line 7 from I	bingo/progressive bingo	☐ Yes% ☐ No	(d) Total gaming (add col. (a) through col. (c))
	2 3 4 5 6 7 8 E	Cash prizes	Yes % No d lines 2 through 5 in c /. Subtract line 7 from I ganization conducts ga	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
6 Direct Expenses	2 3 4 5 6 7 8 a Is	Cash prizes	Yes % No d lines 2 through 5 in c /. Subtract line 7 from I ganization conducts ga	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
6 Direct Expenses	2 3 4 5 6 7 8 a Is	Cash prizes	Yes % No d lines 2 through 5 in c . Subtract line 7 from I ganization conducts ga onduct gaming activities	bingo/progressive bingo □ Yes □ Yes ○ No olumn (d) . ine 1, column (d) . uming activities: s in each of these state	□ Yes% □ No	Yes No
6 Direct Expenses	2 3 4 5 6 7 8 a Is	Cash prizes	Yes % No d lines 2 through 5 in c . Subtract line 7 from I ganization conducts ga onduct gaming activities	bingo/progressive bingo □ Yes □ Yes ○ No olumn (d) . ine 1, column (d) . uming activities: s in each of these state	□ Yes % □ No % . . . s? . .	Yes No
6 Direct Expenses	2 3 4 5 6 7 8 8 b If	Cash prizes	Yes% No d lines 2 through 5 in c . Subtract line 7 from I ganization conducts ga onduct gaming activities	bingo/progressive bingo	□ Yes % □ No % . . . s? . .	col. (a) through col. (c))
0 Direct Expenses	2 3 4 5 6 7 8 8 5 8 5 1 5 1 5 1 5 1 7 8 1 5 1 7 8 1 8 1 7 8 1 7 8 1 7 8 1 8 1 7 8 1 8 1	Cash prizes	Yes% No d lines 2 through 5 in c . Subtract line 7 from I ganization conducts ga onduct gaming activities	bingo/progressive bingo	□ Yes % □ No % . . . s? . .	col. (a) through col. (c))

Schedu	ule G (Form 990) 2021	Pa	ge 3					
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:							
а	The organization's facility		%					
b	An outside facility		%					
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:							
	Name ►							
	Address ►							
15a		🗌 Yes 🗌	No					
b c	name and the second							
	Name ►							
	Address ►							
16	Gaming manager information:							
	Name ►							
	Gaming manager compensation ► \$							
	Description of services provided ►							
	Director/officer Employee Independent contractor							
17	Mandatory distributions:							
а		🗌 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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (i Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.							

SCHEDULE I	
(Form 990)	

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

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

Attach to Form 990.

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



Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number 42–1764425

LIVE ACTION

Part I General Information on Grants and Assistance

1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
	the selection criteria used to award the grants or assistance?	🗌 No
•		

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)Napa Institute							
2532 DUPONT DR Irvine CA 92612	45-3733093	501(c)(3)	11,950.				11th annual summer conference
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section3 Enter total number of other of							

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

REV 07/25/22 PRO Schedule I (Form 990) 2021

Part III Grants and Other A Part III can be dupli	Assistance to Domestic Individu	uals. Complete if the	e organization answ	vered "Yes" on Form 990	, Part IV, line 22.
(a) Type of grant or assis	stance (b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
_ 2					
3					
4					
_ 5					
6					
7 Part IV Supplemental Info	rmation. Provide the information	required in Part L lir	a 2: Part III, colum	h); and any other addit	ional information
	on has established guidel	·			
organizations in the U	nited States. Live Action	requires appl:	ication for the	e grant with approv	al on a case-by-case
basis with various cri	teria having to be met.				
BAA	REV 07/25/22	PRO			Schedule I (Form 990) 2021

SCHEDULE J		Compensation Information				
(Form	990)	For certain Officers, Directors, Trustees, Key Employees, and Highest				
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ッ パム		
	ent of the Treasury	 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 	Open	to Pu bectic		
	Revenue Service	Employer identificati				
	ACTION	42-1764425				
Part		ns Regarding Compensation				
				Yes	i No	
1 a		ropriate box(es) if the organization provided any of the following to or for a person listed on For ection A, line 1a. Complete Part III to provide any relevant information regarding these items.	>rm			
	First-class	or charter travel				
	Travel for c	ompanions				
		ification and gross-up payments				
	Discretiona	ry spending account				
b						
b	or reimbursen	poxes on line 1a are checked, did the organization follow a written policy regarding paym nent or provision of all of the expenses described above? If "No," complete Part III	to			
	explain		· 1k)		
2		nization require substantiation prior to reimbursing or allowing expenses incurred by tees, and officers, including the CEO/Executive Director, regarding the items checked on				
			. 2			
3	Indicate which	, if any, of the following the organization used to establish the compensation of the				
		CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by	a			
	-	zation to establish compensation of the CEO/Executive Director, but explain in Part III.				
		ion committee				
	•	t compensation consultant				
	□ Form 990 o	f other organizations Approval by the board or compensation committee				
4		r, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing r a related organization:				
а	Receive a seve	erance payment or change-of-control payment?	. 4a	1	×	
b	Participate in o	pr receive payment from a supplemental nonqualified retirement plan?	. 4t	,	×	
С		pr receive payment from an equity-based compensation arrangement?	. 40	:	×	
	If "Yes" to any	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only as ation (F(1/2)(0) $F(1/2)(1)$ and $F(1/2)(0)$ examinations must complete lines $F(0)$				
5		501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. isted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	anv			
Ū		contingent on the revenues of:				
а	The organizati	on?	. 5a	1	×	
b	•	ganization?		,	×	
		e 5a or 5b, describe in Part III.				
6		isted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a contingent on the net earnings of:	any			
а	-		. 6a		×	
a b	•			-	×	
~		e 6a or 6b, describe in Part III.				
7		isted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfix described on lines 5 and 6? If "Yes," describe in Part III			×	
8		unts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subjec		+	+	
-		contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," descri				
					×	
9		ne 8, did the organization also follow the rebuttable presumption procedure described				
	Regulations se	ection 53.4958-6(c)?	. 9			

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

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

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

(A) Name and Title				1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Lila Rose	(i)	225,651.	0.	0.	0.	9,143.	234,794.	0.
1 President	(ii)	0.	0.	0.	0.	0.	0.	0.
Josef Lipp	(i)	187,704.	0.	0.	0.	17,022.	204,726.	0.
2 Chief Operating Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
Gabriel Renfro	(i)	162,705.	0.	0.	0.	17,022.	179,727.	0.
3 Video Producer	(ii)	0.	0.	0.	0.	0.	0.	0.
Lauren Merz	(i)	169,119.	0.	0.	0.	3,873.	172,992.	0.
4 Vice President of Strategic Partnerships	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)			† †				
	(i)							
16	(ii)			† †				
BAA			REV 07/25/22 PRO				Sch	edule J (Form 990) 2021

Extra Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.		Form 990) 2021
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Part III	Supplemental Information
	Provide	the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this par
	for any a	dditional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	J

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

2021 Open to Public

Internal Revenue Service	► Go to www.irs.gov/Fo	rm990 for instructions and the	e latest information.		Inspection
Name of the organization				Employer identific	cation number
LIVE ACTION				42-1764425	5
Part I Types o	f Property				
	(a) Chec applica		or Noncash cont amounts repo Form 990, Part V	orted on	(d) Method of determining cash contribution amounts

		applicable	items contributed	Form 990, Part VIII, line 1g	Tioneasi contribution amounts
1	Art—Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded	×	11	172,325.	
10	Securities—Closely held stock .				
11	Securities—Partnership, LLC,				
	or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation				
	contribution—Historic				
	structures				
14	Qualified conservation				
	contribution-Other				
15	Real estate-Residential				
16	Real estate – Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other ► ()				
27	Other ► ()				
28	Other► ()				
29	Number of Forms 8283 received				
	which the organization completed	I Form 8283	, Part V, Donee Acknowlec	dgement	29

			Yes	No
			res	INO
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required			
	to be used for exempt purposes for the entire holding period?	30a	1	X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard			
	contributions?	31	×	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		×
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked			

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	dule M (F																								Pag	
Pa	rt II																								hether	
		the or a c																			numt	per o	t iter	ns ree	ceived	,
		orac		lation	TOL	Join.	. AIS	0.00	mple	te tri	iis p	anı	ora	iy at	Jui	liona	ai ii ii	Onna	alio	11.						
Pt	I co	l(b):	The	org	aniz	zati	on	is	repc	orti	ng	in	Par	tΙ	,	col	umn	(b)),	the	num	ber				
of	conti	ribut	ions																							

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 for the latest information.



Name of the organization LIVE ACTION

Pt VI, Line 11b: The Board has established a Finance and Investment Committee
to provide oversight and guidance on the Organizations Finances and Investments.
The Board approved a formal Investment Policy and the Committee meets periodically
to review investment performance as well as to review the audited financial statements,
Form 990 before the full Board reviews and approves those documents and other
financial matters.
Pt VI, Line 11b: Management reviews the Form 990 prior to filing.
Pt VI, Line 11b: The Form 990 is provided to all board members prior to
Pt VI, Line 11b: filing.
Pt VI, Line 12c: Directors, Officers, or any committee members are to
Pt VI, Line 12c: scrupulously avoid transactions in which a director,
Pt VI, Line 12c: officer, or committee member has a personal or material
Pt VI, Line 12c: financial interest, or with entities of which the
Pt VI, Line 12c: director, officer, or committee member is an officer,
Pt VI, Line 12c: director, or general partner.
Pt VI, Line 12c: The Live Action conflict of interest policy (Addendum B
Pt VI, Line 12c: to bylaws) defines an interested person, financial
Pt VI, Line 12c: interest, and duty to disclose, along with the board
Pt VI, Line 12c: process for determining whether a conflict exists,
Pt VI, Line 12c: procedures for addressing a conflict of interest, and
Pt VI, Line 12c: procedures for addressing a violation of the conflict
Pt VI, Line 12c: of interest policy. In addition, all directors,
Pt VI, Line 12c: officers, and key employees are required to certify on
Pt VI, Line 12c: an annual basis that they have reviewed the policy and
Pt VI, Line 12c: to disclose of any conflicts then known.

Schedule O (Form 990) 2021 Name of the organization	Page 2
LIVE ACTION	42-1764425
Pt VI, Line 15a: See line 15b below:	
Pt VI, Line 15b: Compensation is determined in accordance v	with
Pt VI, Line 15b: Live Action's conflict of interest policy	. The policy
Pt VI, Line 15b: requires all compensation arrangements to	be reviewed
Pt VI, Line 15b: by the Organization at least every other y	year to assure
Pt VI, Line 15b: that compensation is reasonable and is the	e result of
Pt VI, Line 15b: arms-length bargaining.	
Pt VI, Line 15b: Live Action has established a Compensation	n Committee that has
conducted a broad study of the market for non-profit and se	ecular positions for
similar sized entities that are fast growing, etc., has add	opted a compensation
philosophy, reviews these numbers annually, and all salarie	es are at the low end
Pt VI, Line 15b: or below market. Decisions by the Committe	ee are contemporaneously
recorded in the minutes of the meeting and reported back to	o the full Board.
Pt VI, Line 15b: The Committee reviews and approves the Org	ganizations Goals
for the year which are in turn approved by the full Board.	The compensation process
requires all employees to establish performance goals for t	the year which together
with the Organizations performance versus Goals will be the	e basis for their
bonus. The Committee recommends the CEOs Bonus to the full	Board which then
reviews and determines the final bonus. The Board also rev	iews the bonuses of
Senior Management.	
Pt VI, Line 19: Live Action's tax materials are available w	upon request, as legally
required.	
Other: Pt IX, Line 11g: \$3,405,134 (Total)	
Other: Writers and Editors \$259,843	
Other: Fundraising Support \$521,422	
Other: Video Content Support \$1,285,192	
Other: Social Media Content Support \$493,449	

Name of the organization	Employer identification number
LIVE ACTION	42-1764425
Other: Graphic Design Support \$15,974	
Other: Activation Email Contract Support \$24,423	
Other: Data Entry/Management Support \$369,509	
Other: Other Support \$435,322	
Pt XI: Line 9, Other changes in net assets: -7	
Pt VI, Section C, Line 17:	
State: AK	
State: AR	
State: CA	
State: CO	
State: CT	
State: DC	
State: FL	
State: GA	
State: HI	
State: IL	
State: KS	
State: KY	
State: LA	
State: ME	
State: MD	
State: MA	
State: MI	
State: MN	
State: MS	
State: MO	
State: NV	

REV 07/25/22 PRO

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
LIVE ACTION	42-1764425
State: NH	
State: NJ	
State: NM	
State: NY	
State: NC	
State: ND	
State: OH	
State: OK	
State: OR	
State: PA	
State: RI	
State: SC	
State: TN	
State: UT	
State: VA	
State: WA	
State: WV	
State: WI	
State: AL	
Pt IX, Line 11g:	
Description: Contract Services:Profess	
Total: \$3,405,134	
Program services: \$3,043,505	
Management and general: \$78,954	
Fundraising: \$282,675	

Related Organizations and U	Jnrelated Partnerships
------------------------------------	-------------------------------

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE R (Form 990)

LIVE ACTION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section S cont ent	g) 512(b)(13) rolled tity?
						Yes	No
(1) Live Action Advocate 27-2234279							~
1710 N Moorpark Rd, #150 Thousand Oaks CA 91360	Advocacy:Encourage respect/protection for all human life	CA	501 (c)(4)		N/A		×
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							



42-1764425

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (k) (a) (d) (f) (g) (i) (i) (b) (c) (e) (h) Predominant Direct controlling Name, address, and EIN of Primary activity Legal Share of total Share of end-of-Disproportionate Code V-UBI General or Percentage income (related, related organization domicile entity income year assets allocations? amount in box 20 managing ownership unrelated, of Schedule K-1 (state or partner? excluded from foreign (Form 1065) tax under country) Yes No Yes No sections 512-514) (1) (2) (3) (4) (5) (6) (7)



Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(Section s contr ent	(i) 512(b)(13) trolled tity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
BAA		REV 07/25/22	2 PRO	1		S	chedule R (Form 99	90) 2021

Part V

Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		×
b	Gift, grant, or capital contribution to related organization(s)	1b		×
с	Gift, grant, or capital contribution from related organization(s)	1c		×
d		1d		×
е	Loans or loan guarantees by related organization(s)	1e		×
		-		
f	Dividends from related organization(s)	1f		×
q		1g		×
ĥ	Purchase of assets from related organization(s)	1h		×
i	Exchange of assets with related organization(s)	1i		×
i	Lease of facilities, equipment, or other assets to related organization(s)	1j		×
,		.,		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		×
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		×
m		1m		×
		1n		×
n		10		
0		10		
-	Reimbursement paid to related organization(s) for expenses	4		×
р		1p		$\frac{\mathbf{x}}{\mathbf{x}}$
q	Reimbursement paid by related organization(s) for expenses	1q		
				~
r	Other transfer of cash or property to related organization(s)	1r		<u>×</u>
S		1s		<u>×</u>
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	n thre	sholo	ds.
	(a) (b) (c) (d)			
	Name of related organization Transaction Amount involved Method of determining type (a-s) type (a-s) type (a-s) type (a-s) type (a-s)	amoun	t invol	ved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
BAA	REV 07/25/22 PRO Schedule R	(Form	n 990)	2021

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded	Are all p sec 501(oartners tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana	ral or aging	(k) Percentage ownership
		sections 512-514)	Yes	No			Yes	No		Yes	No	
	Primary activity	(state or foreign	(state or foreign income (related, country) income (related, excluded	(state or foreign income (related, sec country) unrelated, excluded 501((state or foreign income (related, section country) unrelated, excluded 501(c)(3)	(state or foreign country) income (related, section) total income unrelated, excluded 501(c)(3)	(state or foreign country) unrelated, excluded 501(c)(3) assets form to under a country) assets	(state or foreign income (related, section total income end-of-year alloca unrelated, excluded 501(c)(3) assets	(state or foreign income (related, section total income end-of-year allocations? country) unrelated, excluded 501(c)(3) assets	(state or foreign income (related, section total income end-of-year allocations? amount in box 20 of Schedule K-1 of Schedule K-1 (Comp 100:F)	(state or foreign income (related, section total income end-of-year allocations? amount in box 20 mana country) unrelated, excluded 501(c)(3) assets assets of Schedule K-1 part	(state or foreign income (related, section total income end-of-year allocations? amount in box 20 managing of Schedule K-1 partner?

Schedule R (I	Form 990) 2021	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	

Form 990 Part IX, Line 11g 2021

Name	
LIVE	ACTION

Employer Identification No. 42–1764425

IVE ACTION			42-1	/04425
Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Contract Services:Profess	3,405,134.	3,043,505.	78,954.	282,675.
otal to Form 990, Part IX,				
ine 11g	3,405,134.	3,043,505.	78,954.	282,675.

		60
Form	00	00

(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

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

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

-

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 ► The Organization

Telephone No. ►

(323) 454-3304

Fax No.

 If the organization does not have an office or place of business in the Unit 	ited States, check this box	►
• If this is for a Group Return, enter the organization's four digit Group Exe	mption Number (GEN)	. If this is
for the whole group, check this box \ldots . \blacktriangleright \square . 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 <u>Nov 15</u>, 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		,			
--------------------	--	------	--	---	--	--	--

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

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	0
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.	3b	\$	0
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0
autio	n: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and	Forn	ו 8879-TE	for payment

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.

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