# 990 **990**

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning 01/01/2021 and ending 12/31/2021 C Name of organization NDOTO D Employer identification number Check if applicable: R Doing business as 27-0984861 Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 214-563-4499 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Dallas, TX 75370 **G** Gross receipts \$ 385.297 Amended return **H(a)** Is this a group return for subordinates? ☐ **Yes** ✓ **No** Application pending F Name and address of principal officer: Allison Schlack 2526 Rosebud Court, Carrollton, TX 75006 **H(b)** Are all subordinates included? Yes No Tax-exempt status: **✓** 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No." attach a list. See instructions. Website: ► www.ndoto.org **H(c)** Group exemption number ▶ Form of organization: 🗸 Corporation Trust Association L Year of formation: 2009 M State of legal domicile: TX Part I **Summary** 1 Briefly describe the organization's mission or most significant activities: Ndoto works to give at-risk youth and adults in Kenya hope for a brighter future through education, discipleship, and development. Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 6 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 3 6 6 10 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . . . . 421,474 382,598 Revenue 9 Program service revenue (Part VIII, line 2g) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 5,599 3.264 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . -1,522 -565 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 425,551 385,297 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 105,530 221,207 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 128,909 128,879 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . 26,155 38,619 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 260,594 388,705 Revenue less expenses. Subtract line 18 from line 12 . . . . . 19 164,957 -3,408 Assets or designation of designation of the designa **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 566,328 563,297 21 Total liabilities (Part X, line 26) . 97 474 22 Net assets or fund balances. Subtract line 21 from line 20 562,823 Part II Signature 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 John Seale, Director of Operations Type or print name and title

Preparer's signature

Firm's EIN ▶

Phone no.

Check | if

self-employed

Date

PTIN

Yes

May the IRS discuss this return with the preparer shown above? See instructions

Print/Type preparer's name

Firm's name

Firm's address ▶

**Paid** 

**Preparer** 

Use Only

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Part	
4	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  Ndoto works to give at-risk youth and adults in Kenya hope for a brighter future through education, discipleship, and development.
	Our mission is to educate, disciple, and develop people and their communities to make their dreams a reality, glorify God, and use
	their gifts to transform their community.
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?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
7	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 \$
	Student Sponsorship. Ndoto's student sponsorship program supports education and discipleship in Kenya. Through Ndoto's grants
	to Ndoto Kenya, 294 students were sponsored in 2021. These students were enrolled in schools from kindergarten through
	university. They received basic school supplies, medical care, and tuition and fees. Ndoto Kenya employs full-time staff to care for
	the students' spiritual, emotional, and physical needs. Ndoto Kenya hosts student retreats, service days, Bible studies, and more
	for sponsored students. 14 of 24 seniors scored B- or above, and 18 of 24 eighth graders scored 300 or above on final exams.
	Both marks are well above average for the country. Ndoto accepted 44 new students in 2021. Kenya's educational system was still
	recovering from pandemic disruptions the year before, and students were in school nearly year-round. Ndoto program expenditures bounced back from the closure-affected lows the year before. The Ndoto Community Church is supported through
	the Sponsorship program, though it is open to the entire community. The church has hundreds of members in adult worship and
	children's Sunday School programs. The Sponsorship program also supports Ndoto Sports Academy and Ndoto Boxing & Gym,
	which are community athletic outreach programs. Together these programs work with more than 50 young men and women.
4b	(Code:) (Expenses \$15,672 including grants of \$855 ) (Revenue \$0)
	Visiting Missionary. Visiting missionaries are an important part of Ndoto's work in the US and in Kenya. Travelers from the US
	serve several important functions. They are valuable volunteers on the ground in Kenya. They help to transport supplies across
	continents. They encourage Ndoto's students, particularly when sponsors get to meet the students they are matched with. Visiting
	missionaries is also an important part of Ndoto's development work, as travelers who aren't already Ndoto supporters often return home as new supporters. They become ambassadors for Ndoto, sharing the word about the good work being done. In 2021, with
	the lingering effects of the pandemic and continued closures in Kenya, Ndoto hosted just 3 visiting missionaries in Kenya. At
	Ndoto, "visiting missionary" also means Kenyans coming to the US to speak about Ndoto and learn. Ndoto Kenya's director,
	Michael Omondi, visited the US twice in 2021.
4-	(Code) \(\( \sum_{\text{typeness}} \) \( \sum
4c	(Code: ) (Expenses \$ 10,932 including grants of \$ 2,572 ) (Revenue \$ 0 )
	Economic Development. Ndoto's third objective is development. If people in the community are able to access stable jobs that pay a living wage, then many of the challenges facing the community will disappear. Therefore Ndoto Kenya works to create sustained
	economic development in two ways: starting businesses directly and providing training and support for existing business leaders in
	the community. In 2021, Ndoto continued operating Ndoto Boxing & Gym, the first of its kind in the slum. With a daily fee for entry,
	the gym hosted individuals and groups for exercise, including boxing classes with a local expert. Ndoto Kenya also continued to
	research and lay the groundwork for a future school called the Ndoto Academy.
/A	Other program services (Describe on Schedule O ) See Schedule O Statement 1
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 1 (Expenses \$ 5,664 including grants of \$ 2,821 ) (Revenue \$ 0 )
46	Total program service expenses > 287 not

orm 99	0 (2021)		F	Page
art	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? If "Yes," complete Schedule C, Part III	5		<b>\</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>\</b>
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</i> "Yes," complete Schedule D, Part III	8		>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <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</i> "Yes," <i>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, VIII, 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? If "Yes," complete Schedule D, Part VII	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</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		>
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> 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</i> "Yes," <i>complete Schedule D, Part X</i>	11e		>
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	-	~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		\ \
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		\ \
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		\ \ \
202	Did the organization operate one or more hospital facilities? If "Yes " complete Schedule H	20a		7

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? If "Yes," complete Schedule I, Parts I and II . . . . .

20b

Part l	Checklist of Required Schedules (continued)			
Tart	Checkist of riequired concudies (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	00		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	23 24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part III	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? If "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<b>V</b>
24	conservation contributions? <i>If "Yes," complete Schedule M </i>	30		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
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</i> "Yes," <i>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,			
05-	or IV, and Part V, line 1	34	~	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<i>'</i>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	~	
Part		•		
	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   0		.03	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	<b>V</b>	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
L.	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	~	
b	If "Yes," enter the name of the foreign country ► Kenya  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
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-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		~
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
O	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	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		~
16	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?	16		~
	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official . . . . . . . . 15a 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 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 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 Other (explain on Schedule O) ✓ Another's website ✓ Upon request 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ John F Seale, (214)563-4499

Part VI

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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 fletther the organization no	i airy reiate	u org	ailiz	auc	льс	ompe	11130	ited arry currerit	onicer, unector,	oi iiusiee.
				(0	C)					
(A) Name and title	(B) Average hours	box,	unles	neck ss pe	rson	e than on the state of the stat	n an	(D)  Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individua or directo		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
Allison Schlack	40.00									
Executive Director				~				51,712	0	5,829
John Seale Director of Operations	40.00			~				53,069	0	1,478
Richard Cockcroft	1.00									
Board Chairman		~		~				0	0	0
Ken Towe Board Vice-Chair and Secretary	1.00	_		_				0	0	0
Richard Ray	1.00									
Board Member		1						0	0	0
Roxane Malecek	1.00	_								
Board Member	1.00							0	0	0
Dr Emily Sloan Board Member	1.00	/						0	0	0
David Schroeder	1.00	<u> </u>						0	0	0
Board Member	1.00	~						0	0	0

Part	VII Section A. Officers, Directors, 7	Trustees,	Key l	Em	plo	yee	s, an	ıd F	lighest Compe	nsated Emplo	yees (continued)
					(	C)					
	(A)	(B)	(-1	4 1		sition			(D)	(E)	(F)
	Name and title	Average	,				e than o i is both		Reportable	Reportable	Estimated amount
		hours	officer and a direc						compensation	compensation	of other
		per week (list any	or Inc	Ins	Qf	₹ e	em Hig	Fo	from the organization (W-2/	from related organizations (W-2/	compensation from the
		hours for	livid	titu	Officer	Key employee	ploy	Former	1099-MISC/	1099-MISC/	organization and
		related organizations	ctor	tion		nplc	/ee	¬	1099-NEC)	1099-NEC)	related organizations
		below	Individual trustee or director	al tru		yee	mpe				
		dotted line)	tee	Institutional trustee			Highest compensated employee				
				Ф			ted				
			1								
			-								
-											
			1								
-											
			-								
	Subtotal								104 701		7 207
		 VII Coetio	 A	•	•	•			104,781	0	7,307
C C	Total (add lines 1b and 1c)			•	•	•			104 704		7.007
d	Total (add lines 1b and 1c)	t not limitor				tod	obov	2) 14	104,781	0 than \$100 000	7,307
2	reportable compensation from the organi		וו טו ג	1056	5 115	leu	above	e) vv		e man \$100,000	7 01
	Teportable compensation from the organi	ization P							0		Yes No
2	Did the organization list any former	officer dire	ootor	+~	ıoto	ر ا	·0\/ 0	mn	lovos or bighor	t components	
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i> s							-		-	
4	For any individual listed on line 1a, is the										3 /
4	organization and related organizations										
	individual	greater th	απ ψ	100	,000	): 1	1 10	٥,	complete oche	dule o loi suci	
_					+: a n					 tion or individuo	4
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or individua	
C1:	<del>_</del>	: 11 163, 0	Jonnpi	CIC	361	ieut	uie o i	101 3	sucii persori .		5 /
	on B. Independent Contractors			اء ۔	المحاد						than \$100,000 at
1	Complete this table for your five high compensation from the organization. Rep										
	compensation from the organization. Nep	ort compen	isalioi	1110	LITE	e Ca	lenua	ı ye	ar ending with or	within the organ	iization's tax year.
	(A)	luana							(B)	daga	(C)
	Name and business add	iress							Description of serv	vices	Compensation
None											
								<u>L.,</u>		<u> </u>	
2	Total number of independent contractor							o th	nose listed abov	e) who	
	received more than \$100,000 of compens	ation from	the or	gan	ıızat	ion	▶		0		

Page 8

# Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to ar	ny line in this Pa	rt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Ś, Ś	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
اع ق	С	Fundraising events			1c	0				
ts, ≱	d	Related organization			1d	0				
ia gi	e	Government grants			1e	0				
ï.	f	All other contribution				•	-			
ion	•	and similar amounts no			1f	202 500				
t e	a	Noncash contribution				382,598	-			
	9	lines 1a–1f			1g	¢ 2.012				
ja ja	h						202 500			
0 "	n	Total. Add lines 1a-	-11 .		•	Business Code	382,598			
ø	0-					Business Code				
<u>Ş</u>	2a									
šer	b									
n S	С.									
gram Ser Revenue	d									
Program Service Revenue	e									
<u>-</u>	f	All other program se								
	<u>g</u>	Total. Add lines 2a-					0			
	3	Investment income other similar amoun						_	_	
			-				3,264	0	0	3,264
	4	Income from investr			-		0	0	0	0
	5	Royalties				1	0	0	0	0
	_		_	(i) Real	l	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)			0	0				
	d	Net rental income o	r (los	T <sup>*</sup>		1				
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets								
	_	other than inventory	7a							
ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
ě		Gain or (loss)	7c		0	0				
		Net gain or (loss)				<u> ▶</u>				
Other	8a	Gross income from		ndraising						
		events (not including		0						
		of contributions rep								
		1c). See Part IV, line			8a					
		Less: direct expens			8b					
	C	Net income or (loss)			g eve	ents ▶				
	9a	Gross income f activities. See Part I								
					9a					
		Less: direct expens			9b					
		Net income or (loss)			CUVITIE	es ▶				
	ıva	Gross sales of ir returns and allowan		ory, less	40-					
					10a 10b					
	b	Less: cost of goods Net income or (loss)								
_		iver income or (ioss)	, 11011	i saits UI III	ı v <del>C</del> III(	Business Code				
Miscellaneous Revenue	110	Dofundo robotos	imber	rcomonto			400		0	400
ne Tue	11a	Refunds, rebates, re				900099	-988	0	0	423
scellaneo Revenue	b	Gain/Loss on Currer	icy E)	kunange		700077	-988	0	U	-988
Re Sce	c d	All other revenue					0	0	0	•
Ξ̈́	u e	Total. Add lines 11a				•	-565	U	U	0
	12	Total revenue. See			•		385,297	0	0	2,699
					-		000,271	U	0	2,077

# Part IX Statement of Functional Expenses

Section 501(c)(3)	) and 501(c)(	4) organizatior	ns must complete al	l columns.	. All other c	organizations must	complete column	(A).
<u> </u>	1 110 1					D . D/		•

	Check if Schedule O contains a response	e or note to any line	e in this Part IX .	<u></u>	<u> </u>
	et include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21 .  Grants and other assistance to domestic	0	0		
2	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign	U	U		
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	221,207	221,207		
4 5	Benefits paid to or for members Compensation of current officers, directors,	0	0		
	trustees, and key employees	115,120	52,821	27,872	34,427
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,120		5,120	
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits	0.420	2 900	2 241	2.440
11	Fees for services (nonemployees):	8,639	3,809	2,361	2,469
a	Management				
b	Legal				
С	Accounting	4,050		4,050	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
f g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2,325	243	16	2,066
13	Office expenses	10,279	2	8,927	1,350
14	Information technology	1,423	0	1,423	0
15	Royalties				
16 17	Occupancy	17.21/	0.472	4 005	2.750
18	Payments of travel or entertainment expenses	17,316	8,672	4,885	3,759
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	816	0	804	12
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	1,235	247	62	926
23 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.)				
a	Staff Development & Training	990	0	990	0
b	Foreign Taxes	185	0	185	0
c d					
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	388,705	287,001	56,695	45,009
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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	s Part X		📙
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	. 64,742	1	144,948
	2	Savings and temporary cash investments			358,300
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net		4	8,331
	5	Loans and other receivables from any current or former officer, direct			
		trustee, key employee, creator or founder, substantial contributor, or 35			
		controlled entity or family member of any of these persons	. 0	5	0
	6	Loans and other receivables from other disqualified persons (as define			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
Ś	7	Notes and loans receivable, net		_	0
Assets	8	Inventories for sale or use			0
As	9	Prepaid expenses and deferred charges		9	38,138
•	10a	Land, buildings, and equipment: cost or other	. 72,274		30,130
		basis. Complete Part VI of Schedule D 10a	815		
	b	· · · · · · · · · · · · · · · · · · ·		10c	13,580
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11			0
	13	Investments—program-related. See Part IV, line 11			0
	14	Intangible assets		_	0
	15	Other assets. See Part IV, line 11			0
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)			563,297
_	17	Accounts payable and accrued expenses			474
	18	Grants payable			0
	19	Deferred revenue			0
	20	Tax-exempt bond liabilities			0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			0
'n	22	Loans and other payables to any current or former officer, direct			0
ţi		trustee, key employee, creator or founder, substantial contributor, or 35			
Ы		controlled entity or family member of any of these persons		22	0
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	•	_	0
	24	Unsecured notes and loans payable to unrelated third parties			0
	25	Other liabilities (including federal income tax, payables to related this			0
		parties, and other liabilities not included on lines 17–24). Complete Part			
		of Schedule D	. 0	25	
	26	Total liabilities. Add lines 17 through 25	. 97		474
		Organizations that follow FASB ASC 958, check here ▶ ✓	. 71		474
čě		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	. 189,444	27	184,768
Ва	28	Net assets with donor restrictions			378,055
pu	20	Organizations that do not follow FASB ASC 958, check here ▶ ☐	. 370,707		370,033
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
şts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds.		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	562,823
Se	33	Total liabilities and net assets/fund balances			563,297
			300,320		300 <sub>1</sub> 271

Form 990 (2021) Page **12** 

Part	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			385	5,297
2	Total expenses (must equal Part IX, column (A), line 25)	2			388	3,705
3	Revenue less expenses. Subtract line 2 from line 1	3			-3	3,408
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			566	5,231
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			562	2,823
Part	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
	A				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," e	ınlain.				
	Schedule O.	кріант	OII			
0-				0-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were con			2a	~	
	reviewed on a separate basis, consolidated basis, or both:	прпес	ı or			
	•					
h	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?			2b		/
D	If "Yes," check a box below to indicate whether the financial statements for the year were aud	tod o		20		
	separate basis, consolidated basis, or both:	ieu o	II a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiah	t of			
	the audit, review, or compilation of its financial statements and selection of an independent account			2c	<b>/</b>	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Single Audit Act and OMB Circular A-133?			За		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	dergo	the	-		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such			3b		
				-	000	

Form **990** (2021)

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization 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.

Open to Public Inspection

Employer identification number

NDO							27-09	
Par		Reason for Public Cha						ons.
The c	_	nization is not a private founda		,	•	•	,	
1		A church, convention of church					0(b)(1)(A)(i).	
2		A school described in <b>section</b>		•		•		
3		A hospital or a cooperative hos						(:::\
4		A medical research organization hospital's name, city, and state	•	onjunction with a nosp	onal desc	inbed in s	section 170(b)(1)(A)	(III). Enter the
5		An organization operated for		college or university	owned o	r operate	ed by a government	al unit described in
•		section 170(b)(1)(A)(iv). (Comp		conogo or university	ownou o	ороган	a by a government	ar arm accombod in
6		A federal, state, or local govern	•	mental unit described	l in <b>sectio</b>	on 170(b)	(1)(A)(v).	
7		An organization that normally						n the general public
	(	described in <b>section 170(b)(1)</b>	(A)(vi). (Complet	e Part II.)				
8		A community trust described in	n <b>section 170(b)</b>	(1)(A)(vi). (Complete I	Part II.)			
9		An agricultural research organi						
		or university or a non-land-gra	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
		university:	/4					
10	r	An organization that normally r receipts from activities related	to its exempt ful	nctions. subiect to ce	rtain exc	eptions: a	and (2) no more than	33 <sup>1</sup> / <sub>3</sub> % of its
	5	support from gross investment	t income and uni	related business taxal	ble incom	nė (less se	ection 511 tax) from	businesses
11		acquired by the organization a An organization organized and		-		•	,	
12		An organization organized and	•	•	•		` '` '	out the nurnoses of
		one or more publicly supported	•		•		,	
		the box on lines 12a through 12						
а		Type I. A supporting organ	ization operated	, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
		the supported organization					he directors or trust	ees of the
		supporting organization. You	ou must comple	ete Part IV, Sections	A and B	•		
b		Type II. A supporting organ						
		control or management of		_		persons	that control or man	age the supported
_	г	organization(s). You must	-	-		annaatia	a with and functions	ally into avotod with
С	L	its supported organization(						any integrated with,
d	Г	☐ Type III non-functionally i		•		-		orted organization(s)
u	_	that is not functionally integ						
		requirement (see instructio						
е		Check this box if the organ	ization received	a written determination	on from tl	ne IRS th	at it is a Type I, Type	e II, Type III
		functionally integrated, or 1						
f		nter the number of supported o	-					
g		ovide the following information					T	
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	<b>(vi)</b> Amount of other support (see
				above (see instructions))	,	ment?	instructions)	instructions)
					Yes	No		
					100			
(A)								
(B)								
(D)								
(C)								
(D)								
(E)								
							t e	

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	, ,		/ 1	'	,	
	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	, ,					,,
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support	( ) 0047	(1) 0040	( ) 0040	/ N 0000	( ) 0004	(O.T.)
	dar year (or fiscal year beginning in)  Amounts from line 4	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the 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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.  First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	12 ear as a section	n 501(c)(3)
Casti	organization, check this box and stop her	re	<u></u>				▶ 📙
<b>Secti</b>	on C. Computation of Public Suppor Public support percentage for 2021 (line 6			11 column (f)\		14	<u></u> %
15 16a	Public support percentage from 2020 Sch 33 <sup>1</sup> / <sub>3</sub> % support test—2021. If the organi box and stop here. The organization qual	nedule A, Part zation did not	II, line 14 . check the box		 nd line 14 is 30	15	check this
b	33 <sup>1</sup> / <sub>3</sub> % support test—2020. If the organization this box and stop here. The organization	zation did not	check a box c	n line 13 or 16	Sa, and line 15	is 33 <sup>1</sup> /3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts	-and-circumst	ances test, ch	eck this box a	and <b>stop here.</b>	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	acts-and-circu	mstances test, est. The organ	check this bo	x and <b>stop he</b>	re. Explain
18	Private foundation. If the organization of				, 17a, or 17b,	check this bo	x and see

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

### 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>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	402,541	447,855	399,841	421,474	382,598	2,054,309
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	1,600	900	4,210	0	0	6,710
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge					•	
6	<b>Total.</b> Add lines 1 through 5	0	140.755	0	0	0	2 0/1 010
7a	Amounts included on lines 1, 2, and 3	404,141	448,755	404,051	421,474	382,598	2,061,019
7 4	received from disqualified persons .	112,929	88,965	58,745	37,279	40,015	337,933
b	Amounts included on lines 2 and 3	112,727	00,703	30,743	31,217	40,013	337,733
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	112,929	88,965	58,745	37,279	40,015	337,933
8	Public support. (Subtract line 7c from						
	line 6.)						1,723,086
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	404,141	448,755	404,051	421,474	382,598	2,061,019
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	196	518	3,945	5,599	3,264	13,522
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					•	
С	Add lines 10a and 10b	0 196	518	2.045	0 F F00	2 244	12 522
11	Net income from unrelated business	190	518	3,945	5,599	3,264	13,522
• • •	activities not included on line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	288	536	875	-1,522	-565	-388
13	Total support. (Add lines 9, 10c, 11,						_
	and 12.)	404,625	449,809	408,871	425,551	385,297	2,074,153
14	First 5 years. If the Form 990 is for the	•			-		` ' ; '
	organization, check this box and stop he						▶ 📙
	on C. Computation of Public Suppor			10 1 (0)		1	
15	Public support percentage for 2021 (line 8		•			15	83.07 %
16 Sooti	Public support percentage from 2020 Schon D. Computation of Investment Inc			<u> </u>	<u> </u>	16	80.01 %
17	Investment income percentage for 2021 (			v line 13 colu	mn (f))	17	0.65 %
18	Investment income percentage from 2020					18	0.65 %
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2021. If the organ						
·Ju	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
b	331/3% support tests—2020. If the organiz	-	_	-		_	_
	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	_	_	•		-	

### 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

Cu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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	5a		
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI.</b>			
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	6		
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	7		
_	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI.</b>	9a		
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 <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	9c		
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.	10a		
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.)	10b		

Schedule A (Form 990 or 990-EZ) 2021

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>			
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on 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?			
2		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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.</li> </ul>			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h		

Part	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	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional		ntegrated Type III suppo	orting organization
,	(see instructions).	any I	megrated Type III suppo	nung organization

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continue	d)	
Sect	ion D-Distributions				Current Year
1 2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		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 <b>Part</b>	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 <b>Part VI</b> ). See instructions.	h the organization is res	sponsive		
				8	
10	Distributable amount for 2021 from Section C, line 6  Line 8 amount divided by line 9 amount			9 10	
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). 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: \$				
a	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, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
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				
6	Excess from 2021				

Schedule A (Form 990 or 990-EZ) 2021

Part VI	<b>Supplemental Information.</b> 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.)
of miscella and losses	n, Part III, Line 12 - Column A: Other income consisted of miscellaneous rebates and refunds. Column B: Other income consisted neous rebates and refunds. Column C: Other income consisted of miscellaneous rebates and refunds and exchange rate gains. Column D: Other income consisted of miscellaneous rebates and refunds and exchange rate gains and losses. Column E: Other insisted of miscellaneous rebates and refunds and exchange rate gains and losses.

# 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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

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

**NDOTO** 27-0984861 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year . . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 

Schedu	le D (Form 990) 2021									Page <b>2</b>
Part										
3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and o	ther reco	rds, chec	k any of the	e follow	ing that make	significa	nt us	e of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e progr	am			
b	☐ Scholarly research		е	☐ Other						
С	☐ Preservation for future generations									
4	Provide a description of the organization XIII.	n's collections	and expl	ain how t	hey further	the org	anization's exe	mpt pur	oose	in Part
5	During the year, did the organization so assets to be sold to raise funds rather the								es (	□ No
Part	IV Escrow and Custodial Arran	gements.								
	Complete if the organization a 990, Part X, line 21.						•		n Fo	rm
1a	Is the organization an agent, trustee, or included on Form 990, Part X?			-					es/	□ No
b	If "Yes," explain the arrangement in Par	t XIII and compl	ete the fo	ollowing to	able:					
							, A	Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount	on Form 990, P	art X, line	21, for e	escrow or cu	ustodia	account liabilit	y? 🗌 <b>Y</b>	es	☐ No
b	If "Yes," explain the arrangement in Par	t XIII. Check her	re if the e	xplanatio	n has been	provide	ed on Part XIII .			
Par	t V Endowment Funds.			-						
	Complete if the organization a	nswered "Yes	on For	m 990, I	Part IV, line	e 10.				
		(a) Current year	<b>(b)</b> Pr	or year	(c) Two year	s back	(d) Three years bac	k (e) Fo	ur yeaı	rs back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
	End of year balance									
g 2	Provide the estimated percentage of the	ourrent veer o	nd balanc	o (lino 1o	r column (a	)) bold (	201		-	
	Board designated or quasi-endowment	•	%	e (iiile 16	j, coluitiii (a	)) Held (	a5.			
a			70							
b	Permanent endowment	%								
С	Term endowment ▶ %		000/							
20	The percentages on lines 2a, 2b, and 2c	•		zation th	ot are hold	and ad	ministered for t	ho		
3a	Are there endowment funds not in the programization by:	Jossession of the	ne organi	zation th	at are neid	and ad	ministered for t	ne	Va	
	= -							0 (	_	s No
	(i) Unrelated organizations							3a(i	_	
								3a(i	_	
b	If "Yes" on line 3a(ii), are the related org							3b	Ш_	
4	Describe in Part XIII the intended uses of		on's end	owment f	unds.					
Part	, , , , , ,									
	Complete if the organization a									
	Description of property	(a) Cost or o		1	or other basis		Accumulated	( <b>d</b> ) Bo	ook val	ue
		(investri	ient)	(0	other)	de	epreciation			
1a	Land		0		0					0
b	Buildings		0		0		0			0
С	Leasehold improvements		0		0		0			0
d	Equipment		0		14,815		1,235			13,580

0

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

0

**e** Other

0

0

. ▶

Part VII	Investments – Other Securities.	V 5 11- C E		Doub V. line 10
	· · · · · · · · · · · · · · · · · · ·			
	(including name of security)	(b) Book value		
	eld equity interests			
	mn (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 I	V, line 11c. See Fo	orm 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) M	ethod of valuation:
			Cost or en	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
_ ` '	mn (h) must equal Form 990 Part Y col (R) line 13 )			
T dit ix		V. line 11d. See F	orm 990.	Part X. line 15.
	(a) Description	.,		(b) Book value
(1)				.,,
(3)				
(4)				
(5)				
(6)				
(7)				
	was the mount against Farma 000. Bort V. and t. (D.) line 15.)			
PartA		V line 11e or 11f	See For	m 990 Part X
	•	v, iiilo i io oi i ii.	000 1 011	11 550, 1 411 7,
1.				(b) Book value
				(4) = 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (1) Financial derivatives (2) Closely held equity interests (3) Chter (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(9)				
			<b>&gt;</b>	
organization	s liability for uncertain tax positions under FASB ASC 740. Oneck here it the text	or the loothote has b	een provid	eu III Parl XIII .

Schedule D (Form 990) 2021 Page **4** 

Part	•		Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	<del></del>	
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
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		
b	Other (Describe in Part XIII.)		
	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		4
b	Other (Describe in Part XIII.)		
	Add lines <b>4a</b> and <b>4b</b>		4c
5 Dor#	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.) .   .   .   .   .   .   .	5
	Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4. Dort IV lines 1h and Oh	or Dort V. line 4. Dort V. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
_,	74, into 2a and 15, and 1 are 74, into 2a and 15.7400 complete the part	to provide any additional in	normation.

# SCHEDULE F (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name of the organization

NDOTO

Employer identification number
27-0984861

Par	General Information Form 990, Part IV, line 1	on Activit	ies Outside	the United States. Com	nplete if the organization a	answered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistance	es' eligibility	for the grant		selection criteria used to	✓ Yes □ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorir	ng the use of its grants an	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Sub-Saharan Africa	1	1	Grantmaking	All program services	287,001
(2)	Sub-Suriar arr Arrica	'	'	Grandhaking	All program services	207,001
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	1	1			287,001

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of section and EIN organization grant cash grant cash noncash of noncash assistance valuation (book, FMV, (if applicable) disbursement assistance appraisal, other) (1) 4,870 Ministry materials Sub-Saharan Africa All program services 216,337 Wire transfer **FMV** (2) (3) (4) (5) (6) (7) (8) (9)(10)(11) (12)(13)(14)(15)(16)Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2021 Page **4** 

# Part IV Foreign Forms

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

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 Page **5** 

### Part V Supplemental Information

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

Schedule F, Part I, Line 2 - At this time, Ndoto only provides grants to a single Kenyan registered non-governmental organization, which
bears the same name, Ndoto (referred to henceforth as NdotoKE). The two organizations entered into a formal agreement at the beginning
of 2016. Ndoto fundraises in the US and grants money to NdotoKE. The Board of Directors of Ndoto approves an annual grant amount,
based on a recommendation from NdotoKE, and the amount is disbursed monthly as needed by NdotoKE up to but not exceeding the total
approved amount. The total grant amount is recorded in Board actions as well as in the organization's bookkeeping. As the Executive
Director of Ndoto is the Board Chair of NdotoKE, information about the activities, including financial records, of NdotoKE are freely shared
with Ndoto. NdotoKE carefully vets the recipients of its aid, and stays in close contact with those beneficiaries throughout their time with the
organization. No money is ever given to beneficiaries or their families directly. All expenses are documented carefully. When these funds
are used in Kenya, there are clear and well-followed procedures to ensure transparency, honesty, and the correct usage of funds.
Substantial cash is rarely on hand in Kenya, and the organization follows a proper division of roles to demonstrate that no fraud or loss has
taken place. Details on the vetting and monitoring process of NdotoKE, as well as the transparency and accuracy procedures of NdotoKE's
financial recordkeeping, are available upon request.

### **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

NDC	то									27-0	09848	61		
Pa	<b>Excess Bene</b> Complete if the	fit Transaction ne organization	<b>ns</b> (section 501 answered "Ye	(c)(3), s" on l	section s Form 990	501(c)(4), a 0, Part IV, I	nd se line 2	ection 501(c)(2) 5a or 25b, or F	9) orgar orm 99	nizatic 0-EZ,	ns or Part	nly). V, line	40b.	
1	(a) Name of disqualified	nerson	(b) Relationship be			person and		(c) Descript	ion of tra	nsactio	n		(d) Cor	rected
•	(a) Name of disquaimed	person		organiza	ation			(c) Descript	ion or tra	iisactio			Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6) 2	Enter the amount under section 4958		-		n manag		-	fied persons c	luring t	he ye	ar • •	<u> </u>		
3	Enter the amount o										• 9			
3	Enter the amount o	ii tax, ii ariy, ori	iiile 2, above,	TellTID	urseu by	r life organ	izatio							
Complete if the organization reported an (a) Name of interested person (b) Relation with organization reported and (b) Relation with organization reported and (c) Relation			answered "Ye	s" on 1 990, Pa	s" on Form 990-EZ, Part \\ 990, Part X, line 5, 6, or 22  (d) Loan to or from the (e) Origin principal am			e 38a or Form		art IV,	(h) Ap			ritten ment?
					_	_			V	N-			V	N-
(1)				То	From				Yes	No	Yes	No	Yes	No
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
Tota	ıl			٠			.▶	\$						
Par		sistance Bener ne organization				0, Part IV, I	line 2	7.						
(a	a) Name of interested persor		ship between inter and the organization		(c) Amount	of assistance		(d) Type of assista	nce	(е	) Purpo	ose of a	ssistar	ice
(1)	Michael Omondi	Spouse of	<b>Executive Dire</b>	ctor		1,200	Tuiti	on assistance		Educ	ation	al adv	ancer	nent
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)										-				
(10)														

Part IV	Business Transactions Invo		), Part IV, line 28a, 2	8b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
					Yes	No
(1)						
(2)					-	
(4)					+	
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Part V	<b>Supplemental Information.</b> Provide additional information	n for responses to questions	on Schedule L (see	instructions).		
Schedule	L, Part III - Michael Omondi is bot	h the husband of Ndoto's Exec	utive Director, Alliso	n Schlack, and the local director	of Ndoto	
	separate entity registered in Kenya					
	ı, and Michael Omondi qualifies fo					ıer
employee	s of Ndoto Kenya who are current	ly furthering their studies.				

#### SCHEDULE O (Form 990 or 990-EZ)

### 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.

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization **Employer identification number NDOTO** 27-0984861 Form 990, Part VI, Section B, Line 11b - This Form 990 is prepared annually by the chief financial officer, then reviewed carefully with the bookkeeper and the Executive Director. Once it has been completed, it is distributed to the Ndoto Board of Directors, who review it and approve it by vote prior to its submission to the IRS. Form 990, Part VI, Section B, Line 12c - The voting and non-voting members of the Board of Directors, including officers and key employees of the organization, are required annually to sign a statement indicating that they are aware of no conflict of interest arising within the past 12 months and that if any conflict of interest arises in the next 12 months, they will immediately disclose any such activity and seek to end the conflict. The statement also includes a form asking them to disclose specifically any business transactions with Ndoto, indebtedness to Ndoto, personal benefits received from Ndoto, legal proceedings involving Ndoto, and family or business relationships with other officers or directors. The Chair of the Board shall determine whether an unacceptable conflict of interest exists and arrange with the party to cease any inappropriate activity. If the Chair has potential conflict of interest, the Vice Chair and the Secretary shall determine if the unacceptable conflict exists and arrange for it to cease. Unsettled matters shall be reported to the Board for appropriate action. Any inappropriate activity must cease or their position must be vacated. Any violations of the conflict of interest policy must be documented prior to any transaction. A transaction may be taken when a conflict of interest exists if: (a) the officer or staff of Ndoto is excluded from the discussions and approval, (b) a competitive bid or valuation exists, and (c) the Board of Directors determines that the transaction is in the best interests of Ndoto. Form 990, Part VI, Section B, Line 15 - The Executive Director is responsible for setting the salaries of all employees at Ndoto. The Executive Director will consider the education, experience, value added, and performance of the employee in setting salaries. In evaluating the value added by the employee, the Executive Director will consider to what extent the organization needs the services to be offered, including the size of the employee's responsibility. Special qualifications of the employee may be taken into account. Employee salaries must be considered in relation to the salaries of other employees at Ndoto, as well as regularly considered in relation to the salaries of comparable positions at comparable charitable organizations. In offering raises, the Executive Director shall evaluate employees and give the employee feedback about his or her performance. Raises beyond a cost-of-living increase may be offered based on the following qualifications: high-quality performance, expansion of responsibility, and expansion of capacity including new education. In evaluating raises, the Executive Director will consider cost of living as well as a comparative compensation guide. The Executive Director is not obligated to offer any raise or cost-of-living adjustment to employees. The initial salaries of all employees are documented in the employment agreement, and future adjustment to salaries is documented on a standard form that provides a rationale and is signed by the Executive Director and the employee. In evaluating the compensation of the Executive Director, the Board will be led by Christian ethics to address compensation issues and establish an appropriate compensation level. General factors to be considered in establishing adequate compensation include: commitment, education, experience, responsibility, and performance. Appropriate non-profit organization compensation data is identified and utilized to help ensure alignment with similar positions in similar non-profit organizations. The desired end product of any compensation calculation and decision will be an appropriate and adequate level of total compensation, not the size of any year-to-year change. The initial salary and process for determining the salary is documented by the Board of Directors and the salary is documented in the employment agreement. Any future adjustments to salary are documented by decision-making process using the same standard form as the employees, signed by the Board Chair. This process is followed annually in December and January when the compensation of the Executive Director is set. Form 990, Part VI, Section C, Line 19 - Ndoto makes all governing documents available upon request to any individual. Electronic copies are maintained and available in electronic or hardcopy format upon request. Its conflict of interest policy is also available in electronic or hardcopy format upon request. Its financial statements are hosted on Ndoto's website, GuideStar, and are available in hardcopy or electronic format upon request. Organizational documents filed with the State and Federal government are also available on the Ndoto website along with annual reports.

Schedule O, Statement 1 NDOTO

Form: Form 990 (2021) EIN: 27-0984861

Page: 2 Part III, Line 4d
Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Student Emergencies. Ndoto tracks expenses for student emergencies as a separate program area from normal student sponsorship, as it is funded separately. Ndoto is prepared to provide above-and-beyond support of any kind to sponsored students who face emergencies in their lives. In 2021, Ndoto supported a student in a major surgical issue, supported continued flooding relief efforts, and helped support the family of a student who passed away unexpectedly.	5,664	2,821	0
Total:		5,664	2,821	0

### **SCHEDULE R** (Form 990)

Part I

**Related Organizations and Unrelated Partnerships** 

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

(f)

Direct controlling

entity

(e)

End-of-year assets

Name of the organization **Employer identification number NDOTO** 27-0984861

(b)

Primary activity

(c)

Legal domicile (state

or foreign country)

(d)

Total income

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

(2)								
(3)								
(4)								
(5)								
(6)								
Part II Identification of Related Tax-Exempt Organizations due one or more related tax-exempt organizations due	ations. Co	omplete if that ax year.	ne organization a	nswered "Yes" or	Form 990, Part	IV, line 34, beca	use it h	ad
(a) Name, address, and EIN of related organization	Prima	<b>(b)</b> ry 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	cont	g) 512(b)(13) rolled tity?
							Yes	No
(1) Ndoto Kenya PO Box 3214, Kisumu, Nyanza 40100, Kenya	Capacity E	Building	Kenya	501(c)(3)		N/A		·
(2)	-							
(3)	-							
(4)	-							
(5)	-							
(6)								
(7)								
	<u> </u>		1	1		<u> </u>		

Name, address, and EIN (if applicable) of disregarded entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets	Dispropalloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV 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)	(c) Legal domicile (state or foreign country)	(d)	(e)	(f)	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 conti ent	(i) 512(b)(13) rolled tity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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?

	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					1a	
	Gift, grant, or capital contribution to related organization(s)					1b (	
С	Gift, grant, or capital contribution from related organization(s)					1c	
d	Loans or loan guarantees to or for related organization(s)					1d	<b>/</b>
е	Loans or loan guarantees by related organization(s)					1e	~
f	Dividends from related organization(s)					1f	~
g	Sale of assets to related organization(s)					1g	·
h	Purchase of assets from related organization(s)					1h	~
	Exchange of assets with related organization(s)					1i	~
	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	~
ı	Performance of services or membership or fundraising solicitations for related organization(s					11	
	Performance of services or membership or fundraising solicitations by related organization(s)					1m	·
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).					1n	·
	Sharing of paid employees with related organization(s)					10	·
р	Reimbursement paid to related organization(s) for expenses					1p	~
-	Reimbursement paid by related organization(s) for expenses					1g	·
•							
r	Other transfer of cash or property to related organization(s)					1r	~
	Other transfer of cash or property from related organization(s)					1s	·
	If the answer to any of the above is "Yes," see the instructions for information on who must of					n thres	nolds.
	(a)		(b)	(c)	(d)		
	Name of related organization		Transaction	Amount involved	Method of determining	amount i	nvolved
			type (a-s)				
No	oto Kenya	b		221,207	Cash		
(1)							
(2)							
(3)							
(4)							
(5)		L					
		I		1	1		
(6)							

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.

	(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	unrelated, excluded	Are all sec	partners etion (c)(3) zations?	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ttions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		General or managing		General or managing		(k) Percentage ownership
				sections 512—514)	Yes	No			Yes	No		Yes	No					
(1)																		
(2)																		
(3)																		
(4)																		
(5)																		
(6)																		
(7)																		
(8)																		
(9)																		
(10)																		
(11)																		
(12)																		
(13)																		
(14)																		
(15)																		
(16)																		

Schedule R (Form 990) 2021 **Supplemental Information** Provide additional information for responses to questions on Schedule R. See instructions. Schedule R, Part I - Ndoto's US Executive Director is the board chairman for Ndoto Kenya, a separately controlled nonprofit organization located in Kenya. Ndoto provides financial support to Ndoto Kenya each year.