990 Form By By Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation:) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-

Open to Public Inspection

A I	h.ma.z	obticalendar year, or tax year beginning 01-01-2021 , and ending 12-31-202	1			
B Che	k if app	icable: C Name of organization GCS PROJECT		D Employer I	dentif	ication number
	dress cha me chan			82-13850	059	
	ial return			-		
Fire	ol Vterminat					
,	ended re	turn Number and street (or P.O. box if mail is not delivered to street address) Room/suit	te	_ E Telephone n	nuper	
Ap.	plication	pending 2795 Estates Drive		(412) 225	-858	32
		City or town, state or province, country, and ZIP or foreign postal code Park City, UT 84060		G Gross receip	ts \$ 70	,577
		F Name and address of principal officer:	H(a) Is th	is a group retu	n for	
		Roy Buchta 2795 Estates Drive		ordinates?		res V No
		Park City, UT 84060		all subordinate: ided?	>	□Yes □No
I Ta	-exemp	status: S01(c)(3) S01(c)() (insert no.) 4947(a)(1) or 527	If "N	lo," attach a lis	t. See	e instructions.
) W	ebsite:	www.gcsproject.org	H(c) Grou	p exemption nu	ımber	>
K Forn	n of orga	nization: Corporation Trust Association Other	L Year of form	nation: 2017 M	State	of legal domicile: UT
Pa	nt I	Summary				
		efly describe the organization's mission or most significant activities:				
	Th	e GCSproject maintains an informational website (www.gcsproject.org) that pro				
a,		nilies who have a diagnosis of GCS cancer. In addition the organization raises a very rare form of ovarian cancer there is limited support for such basic rese				
nce	da			e desproject ii	000	to help close that
E	_					
Activities & Governance						
3	, C	neck this box 📭 if the organization discontinued its operations or disposed of	of more than	n 25% of its ne	asse	ts.
×8		umber of voting members of the governing body (Parl VI, line 1a) 🗼 🦂 🧸			3	5
HI 6	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			4	5
£	5 T	otal number of individuals employed in calendar year 2021 (Parl V, line 2a) .			5	0
ď	6 To	otal number of volunteers (estimate if necessary)			6	5
	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		5 E	7a	0
	b N	et unrelated business taxable income from Form 990-T, Part I, line 11 🕠 🕡			7b	0
			Р	rior Year		Current Year
알		ontributions and grants (Part VIII, line 1h)		163,399		70,297
Ravenue		rogram service revenue (Part VIII, line 2g)		0		0
2		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		280	_	280
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	_	70.577
_	_	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12))	163,679		70,577
		rants and similar amounts paid (Part IX, column (A), lines 1-3) 🗼 🗼			1	0
	14 0	anglite naid to or for members (Part IX, column (A), line 4)		0		0
23	15 0	enefits paid to or for members (Part IX, column (A), line 4)	0)	0		0
S		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)	0		0
ens	16a P	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-1 rofessional fundraising fees (Part IX, column (A), line 11e)	0)	0		
Exp enses	16a P	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-1 rofessional fundraising fees (Part IX, column (A), line 11e) + + + + + + + + + + + + + + + + + + +	0)	0 0	U 40	0
	16a P b To 17 O	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-1 rofessional fundraising fees (Part IX, column (A), line 11e) + + + + + + + + + + + + + + + + + + +	0)	0		0
	16a P b To 17 O 18 To	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-1 rofessional fundraising fees (Part IX, column (A), line 11e) + + + + + + + + + + + + + + + + + + +	0)	0 0 0 5,024	U/A	21,942
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ă	16a P b To 17 O 18 To 19 R	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-1 rofessional fundraising fees (Part IX, column (A), line 11e)		5,024 5,024 158,655 ling of Current Year	U	0 0 21,942 21,942 48,635 End of Year
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Net Assets or Fund Balances	16a P b To 17 O 18 To 19 R 20 To 21 To 22 N	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-1 rofessional fundraising fees (Part IX, column (A), line 11e)		5,024 5,024 158,655 sing of Current Year		0 0 21,942 21,942 48,635 End of Year
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| Yes | No

1 01111	330 (2021)				rage
Pa	t III Stateme	nt of Program Servic	e Accomplishments		
	Check if So	chedule O contains a respon	se or note to any line in this	s Part III	[
1	Briefly describe th	ne organization's mission:			
diagr				ation and support to women and the p support targeted research into be	
2		CASE AND	t program services during th	e year which were not listed on	⊤Yes ▼ No
	If "Yes," describe	these new services on Sch	edule O.		
3	services?		ke significant changes in ho	w it conducts, any program	⊤Yes ▼No
	If "Yes," describe	these changes on Schedule	e O.		
4	expenses. Section	501(c)(3) and 501(c)(4) o		fits three largest program services report the amount of grants and al i.	
4a	(Code:) (Expenses \$	11,942 including grants	of \$ 0) (Revenue \$	68,375)
				vomen and their families seeking information e the website and increase its functionality.	
4b	(Code:) (Expenses \$	10,000 including grants	of \$ 0) (Revenue \$	68,375)
-	The secondary purp University of Alabar research during 202	oose off the GCSproject is to raise ma in 2020. We continue to raise	funds to support dedicated researc funds that need to reach a sufficier	ch into this rare cancer. \$179,000 was prov nt level to support such medical research. N	ided to the Cancer Center at lo funds were provided for such
4c	(Code:) (Expenses \$	including grants	of \$) (Revenue \$)
4d	Other program	services (Describe in Sched	W		
	(Expenses \$		ding grants of \$	0) (Revenue \$	0)
4e	Total program s	ervice expenses >	21,942		

Part IV Checklist of Required Schedules

	1 Is the organization described in section Eq.(-)(2)		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization.	1	Yes	1
	is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Yes	+
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	165	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5		4		No
6	Did the organization maintain any donor advised funds or any similar funds are any	5		No
7	Schedule D,Part I	6		Νo
8		7		No
9	complete Schedule D, Part III	8		No
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	permanent endowments, or quasi endowments? If "Yes," complete Schedule D. Part V	, 10		Νo
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	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		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		No
f		11e		No
	addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? Bid the Granization's liability for uncertain tax positions under FIN 48 (ASC 740)?	11f		No
	*W = 2000 2000 2000 2000 2000 200	12a		No
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Barte VI and VII is a series of the completing Schedule D. Barte VI and VI is a series of the completing Schedule D. Barte VI and VI is a series of the completing Schedule D. Barte VI and VI is a series of the completing Schedule D. Barte VI and VI is a series of the completing Schedule D. Barte VI and VI is a series of the completing Schedule D. Barte VI and VI is a series of the completing Schedule D. Barte VI is a series of the completing Schedule D. Barte VI is a series of the completing Schedule D. Barte VI is a series of the completing Schedule D. Barte VI is a series of the completing S	12b		No
	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
D	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		No
15	any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	assistance to or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV	16		No
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G. Part I. See instructions	17		No
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
	"Yes," complete Schedule G, Part III	19		No
ь	or file of more nospital facilities? If "Yes," complete Schedule H	20a		Νο
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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	21		No

Part IV	Checklist	of	Required	Schedules	(continued)

	,			
22			Yes	No
23	Vivi inc 2: If ics, complete schedule 1, parts I and III	22		No
24	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? <i>If "Yes,"</i> a Did the organization have a tax execut be added.	23		No
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
. !	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrew account other than a refunding escrewant	240		-
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
25	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the crossing time	24d		-
	o organized person during the year? If "Yes," complete Schedule L, Part I	25a		No
26	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	25b		No
27	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? Bid the Grantet of former of the first or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof	26		No
	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," completeSchedule L,Part III	27		No
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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV			
Ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		No
	A 35% controlled entity of one or more individuals and/or exercises:	28b		No
29		28c		Νo
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art. bioterical to	29		Νο
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified K: "Yes," complete Schedule M	30	14	No
32	Bid ਜਿਵ੍ਹਾ ਰਜ਼ਰੂਸ਼ੀ ਦੇਸ਼ ਨਿਸੀ ਜਿਵ੍ਹਾ ਗਿਆ। ਜਿਵ੍ਹਾ ਗਿਆ। ਜਿਵ੍ਹਾ ਗਿਲ ਗਿਆ। ਜਿਵ੍ਹਾ ਗਿਵ੍ਹਾ ਗਿਆ। ਜਿਵ੍ਹਾ ਗਿਵ੍ਹਾ ਗਿਆ। ਜਿਵ੍ਹਾ ਗਿਆ। ਜਿਵ੍ਹਾ ਗਿਆ। ਜਿਵ੍ਹਾ ਗਿਆ। ਜਿਵ੍ਹਾ ਗਿਵ੍ਹਾ ਗਿਵ੍ਹਾ ਗਿਵ੍ਹਾ ਗਿਵ੍ਹਾ ਗਿਵ੍ਹਾ ਗਿਆ। ਜਿਵ੍ਹਾ ਗਿਵ੍ਹਾ ਗਿਵ੍ਹ ਗਿਵ੍ਹਾ ਗਿਵ੍ਹ	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		No
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 i i i i i i i i i i i i i i i i i i
34	Was the Grand taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	33		N o
35a		34		No
ь	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?	35a		No
36	The meaning of Section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			N o
8	Did the organization complete Schedule O and provide explanations and Color to the complete Schedule O and provide explanations and Color to the col	37	V. a -	
Par	Statements Regarding Other IRS Filings and Tax Compliance	38	Yes	
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	grows also	Yes	No
Ь	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			

100	Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Р	Page
	2a E	enter the number of employees reported on Form W-3. Transmitted of West	TERROR T	I Stronger Law	
	- 2	of Statements, med for the calendar year ending with as with a with a			
		oy this return			
			2b		
		organization have unrelated business gross income of \$1,000 or more during the year?	3a		N.
		res, has it filed a form 990-1 for this year? If "No" to line 3h, provide an explanation in Calantin	3b		No
	0	over, a financial account in a foreign country (such as a bank asset of the suggestion)	4a		No
	b a	(CCOMS) Planter the name of the foreign country		STATE OF THE PARTY	towar.
	5a (V	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	Source of the second		
		organization a party to a prohibited tax shelter transaction at any time during the terring the	5a	1	Νo
	c If	old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1	Νo
	6a D	f "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
		rganization have annual gross receipts that are normally greater than \$100,000, and did the rganization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	Νo
	- 11	res, did the organization include with every collected.	$\overline{}$		-
			6b		
		that may receive deductible contributions under section 170(c).	E COM		
		id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and "Yes," did the organization partly for goods.	7a	N	١o
	TO 0000	res, did the organization notify the donor of the value of the goods or services provided?	7b		
	C D.	the organization sell, exchange or otherwise dispose of the sittle	75		10-20
			7c	N	10
		"Yes," indicate the number of Forms 8282 filed during the year 7d			
	e Di	d the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
			7e	N	lo
	g If	d the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N	0
		the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			_
1			7g	N	0
	10		7h	N	0
8	Sp	onsoring organizations maintaining donor advised for the State of			
		onsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the onsoring organization have excess business holdings at any time during the year?	8		
9	Spe	onsoring organizations maintaining donor advised funds.	UEST DE	DESCRIPTION OF THE PERSON	-01-1
	Dio	the sponsoring organization make any taxable distributions under section 4966?	9a	EURIN EUR	
10	Did	the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	_	
10 a	Je	ction 301(c)(7) organizations. Enter:			
b	Gro	tiation fees and capital contributions included on Part VIII, line 12 10a			
11	Sac	oss receipts, included on Form 990, Part VIII, line 12, for public use of club 10b 10b			
		oss income from members or shareholders			
ь	Gro	oss income from other sources. (Do not net amounts due on sold			
	sou	and additist amounts due or received from them.)			
12a	Sec	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	11	res, eiter the amount of tax-exempt interest received or accrued during the	2a		-
13	,	12b			
	Is th	tion 501(c)(29) qualified nonprofit health insurance issuers.			
		he organization licensed to issue qualified health plans in more than one state?	За	-	
ь	Note	e. See the instructions for additional information the organization must report on Schedule O.			_
b	LIILE	which the organization is required to maintain by the states			
	Ente	er the amount of reserves on hand			
14a	Did	the organization receive any payments for indoor tanning services during the tax year?			
_		es, has it filed a form 720 to report these payments? If "No " provide an explanation is S. t. 1.1. a		No	-
15		ne organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or ess parachute payment(s) during the year?	-	_	_
			;	No	
.6		lesproserizationservetionstimotilesEttution720bj8chedulæeNsection 4968 excise tax on net investment income?			-
7	If "Y	es," complete Form 4720, Schedule O. ion 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities would result in the imposition of an excise tax under section 4951, 4952, or 49522.	ž.	No	
	that	would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17			_
	II YE	es," complete Form 6069.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management V Yes 1a Enter the number of voting members of the governing body at the end of the tax No 1a 5 Yethere 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 No Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . 3 No Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Blathe organization become aware during the year of a significant diversion of the organization's assets? . No 5 5 No 6 6 No Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a No Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b No Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Yes Each committee with authority to act on behalf of the governing body? 8b Yes 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? . . 10a No 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 11a Yes Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c No Did the organization have a written whistleblower policy? $\ . \$ 13 13 No Did the organization have a written document retention and destruction policy? . . 14 14 Yes 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? a The organization's CEO, Executive Director, or top management official 15a No ${f b}$ Other officers or key employees of the organization 15b No If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its No participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website V Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

▶Roy Buchta 2795 Estates Drive Park City, UT 84060 (412) 225-8582

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

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

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

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

- 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 organization and any related organizations.

- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A)		T	zatioi		-	ensate	ed ar	ny current officer,	director, or truste	ee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	bot	no e bo th a or/t	t che in the compensated compensated employee	less cer e)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) John Redington	5					_				
President		х		х				0	0	C
(2) Roy Buchta Treasurer		х		×				0	0	C
(3) Kathy Wilt Secretary	5	х		x				0	0	0
(4) Karen Metzinger Director		х						0	0	0
(5) Ginny Koenig Director		х						0	0	0
				-	-	-				
				+						

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A)								gnest Compensa		(.0)
Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	more	ithan is lostitutional Trustee	one both recto	not box h an or/tru	, unle office istee	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	Est amour comp fro organi	(F) imated nt of other pensation om the zation and lated nizations
				-	-						
				+	+		-				
				+	+		+				
				+	+		+				
							+				
						1	+				
									C		
lb Sub-Total	1 10 10 10 10 10 10 10 10 10 10 10 10 10					1) Wi				
c Total from continuation sheets to Part	VII, Section A			6	,	-					
u rotal (add lines 1b and 1c)			es sus		•	<u>-j_</u>		0	0		0
2 Total number of individuals (including \$100,000 of reportable compensation)	g but not limited n from the orga	l to tho nization	se lis n ► 0	ted a	bov	e) wh	no re	eceived more than			
Did the organization list any former	officer di .									Yes	No
Did the organization list any former of on line 1a? If "Yes," complete Schedul	e s for such man	viduai		•:	•0	•	¥2				
For any individual listed on line 1a, is organization and related organization individual	the sum of rep as greater than	ortable \$150,0	comp 00? <i>I</i>	oensa f "Ye:	ation	and omple	othe	er compensation fro Schedule J for such	om the		No
Did any person listed on line to recei											No
Did any person listed on line 1a recei services rendered to the organization	ve or accrue cor 1? <i>If "Yes," compl</i>	mpensa ete Sch	tion f <i>edule</i>	rom <i>J for</i>	any suci	unre h <i>per</i> s	lated son	d organization or in	APPLICATION OF THE PROPERTY OF		
Section B. Independent Contrac	tors								5		Νo
Complete this table for your five high compensation from the organization. I	est compensate Report compensa	d inder	ende	nt co	ontra	ctor	s tha	at received more th	nan \$100,000 of		
	(A)			20101		, cui	CITO	mig with or within t	ne organization's	tax year.	
	business address								(B) on of services	(C) Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \blacktriangleright 0

器 保险 安徽 经人间	1455	Maria Maria		1 10	any line in this Par				
					(A) Total revenue	(B) Related exem function	d or pt on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sectio
ntributions, Gifts, G	rants,	and OtherAmt	Similar Amounts	1a	Federated campaig	ns	1a	0	512 - 514
					Membership dues .		1b	0	
					Fundraising events		1c	0	
					Related organization Government grants (con		1d	0	
				f .	All other contributions, a	fts grants	1e	0	
				9	and similar amounts not above Noncash contributions inc	included	1f	70,297	
					ines 1a - 1f:\$ F otal. Add lines 1a-1		1g	0	
			Business C		otal. Add filles Ta-			>	70,297
2a									
1				_					
b									
b c d		26-t-x-8-							
-									
d			1						
e							-		
				_					
f All other progr									
9 Total. Add lin	es 2a-	-2f		0		de troise	e de la companya della companya della companya de la companya della companya dell		VALUE OF THE OWNER.
3 Investment inco					280		280		TO STATE OF STREET
4 शंस्ट्रियन्थानास्य	estme)	ent of tax-exer	npt bond proceed	s Þ	0		0	0	0
5 Royalties			• • • •		0		0	0	0
		(i) Real	(ii) Persor	nal	AND STATE OF THE STATE OF	STREET, STREET	NATURE B		
6a Gross rents	6a		0	0					
b Less: rental	6			_					
c Rental	6b		0	0					
income or	6с		0	0					
d (Kets)ental inco	me or	(loss)			0		0	0	
	1	(i) Securitie	es (ii) Other	•	建工会员工工工会 。		STORY N	REGULERANCE.	LA SEL PROPERTY.
7a Gross amount from sales of assets other than inventory	7a	V.	0	0					
b Less: cost or other basis and	7b		0	0					
sales expenses	H								
c Gain or (loss)	7c		0	0					
d Net gain or (los				-	0		0	0	0
8a Gross income from (not including \$ contributions report See Part IV, line 18	ed on lir	O of							
b Less: direct exp		_	a	0					
c Net income or (I			n events	0					
		. and distill	,		0			0	0
a Gross income fro	m 03-	mina				A STALL R			
activities.			a	0					
b See Part IV, line b Less: direct exp	19 . enses	9	ь	0					
c Net income or (Id	oss) fr	om gaming ac	tivities >		0		0	0	
0a Gross sales of in	ventor	rv. less		9		Har David	HAM MI		
returns and allow	ances	10	a	0					
b Less: cost of goo				0					
c Net income or (lo	ss) fro	om sales of inv	rentory		0	THE PARTY OF THE P	0	0	0
Miscellaneo			-						
1a	as Kel	venue	Business Code	e	White the second				
b				-					
				+					
d All other revenue				-	0				
e Total. Add lines 1		d	>	+	19050	Single Co.	0	0	0
2 Total revenue. See	instr	uctions .		-	0			7830 (1833 - 187)	
		pode 0.5 (10.000)	10 Sec. 10	1					CHARLES TO STATE OF THE STATE O

70,577

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organization

Section 501(C)(3) and 501(c)(4) organizations must send the	1 1			
of the source of the state of t	columns. A	All other	organizations must	
Section 501(c)(3) and 501(c)(4) organizations must complete all		W Other	organizations must	complete column (A).

3	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	expenses 0	general expenses	expenses
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV	0			
4	foreign governments, and foreign individuals. See Part IV		0		
		0	0		
5	Benefits paid to or for members	0	0		
3	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	
7	Other salaries and wages	ol	01	اء	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	٥١	.1	1	
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):	0	U	0	0
	Management	0	0		
	Legal	0	0	0	0
	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0	REPORTED TO THE REAL PROPERTY AND ADDRESS OF THE	SUMPLES SAME UNITED SERVICE	0
f	Investment management fees	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	ol	01	-1	
	Office expenses	0	0	0	0
14	Information technology	21,942	21,942	0	0
	Royalties	0	0	0	0
16 (Occupancy	0	0	0	0
17	Travel	0	0	0	0
18 f	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19 (Conferences, conventions, and meetings	0	0	0	
20 I	nterest	0	0	0	0
21 F	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
	nsurance	0	0	0	0
a li	Other expenses. Itemize expenses not covered above List miscellaneous expenses in line 24e. If line 24e mount exceeds 10% of line 25, column (A) amount, list ne 24e expenses on Schedule O.)				
<u>a</u> b					
<u>b</u>					
d					
-	All other expenses				
re ec	potal functional expenses. Add lines 1 through 24e pint costs. Complete this line only if the organization exported in column (B) joint costs from a combined ducational campaign and fundraising solicitation. The contract of the cost	21,942	21,942	0	0

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part IX .		· · ·	`````
		Cont	(A) Beginning of year		(B) End of year
	1 2	Cash-non-interest-bearing	124,71	9 1	173,3
		Savings and temporary cash investments	140,57	4 2	140,5
	3	Pledges and grants receivable, net		0 3	
	4	Accounts receivable, net		0 4	
	6	Loans and other receivables from 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		5	
s	7	Notes and loans receivable, net		6	
et	8	Inventories for sale or use	(7	
Assets	9	Prepaid expenses and deferred charges	(8	
- 1	10a	- 발하는 1 전 - 1	(9	
	b	Less: accumulated depreciation 10b			
	11	Investments—publicly traded securities .	0		
1	12	Investments—other securities. See Part IV, line 11	0		
:	13	Investments—program-related. See Part IV, line 11	0		
1	14	Intangible assets	140,584	13	140,57
1	15	Other assets. See Part IV, line 11	0	14	
1	16	Total assets: Add lines 1 through 15 (must equal line 33)	0	15	
1	17	Accounts payable and accrued expenses	405,877	16	454,51
1	18	Grants payable	0	17	
1	9	Deferred revenue	0	18	
2	0	Tax-exempt bond liabilities	0	19	
n 2			0	20	
ë]	2	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Liabilities v		Loans and other 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			
<u>ا</u> 2	3	Secured mortgages and notes payable to unrelated third parties	0	22	0
24	4	Unsecured notes and loans payable to unrelated third parties	0	23	0
2!	5	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	24	C
26	5	Total liabilities. Add lines 17 through 25	0	26	Marie Carlos
27	1	Organizations that follow FASB ASC 958, check here ► ✓ and complete ines 27, 28, 32, and 33.	0	26	0
-		Net assets without donor restrictions	405,877	27	454,512
28		Net assets with donor restrictions	0	28	0
	C	Organizations that do not follow FASB ASC 958, check here F and	SZÍSTÁRIT OG SZÁZAZATA	20	0
29 30 31	C	Capital stock or trust principal, or current funds		29	
30	Р	aid-in or capital surplus, or land, building or equipment fund		30	
Contract	R	etained earnings, endowment, accumulated income, or other funds		31	
32	1	otal net assets or fund balances	405,877	32	AEA 540
33	T	otal liabilities and het assets/fund balances	405,877	33	454,512 454,512

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	Check if Schedule O contains a response or note to any line in this Part XI	•		
				1
4	local levenue (must equal Part VIII, column (A), line 12)			
7	Total expenses (must equal Part IX, column (A), line 25)	, ,		` '
m	Revenue less expenses. Subtract line 2 from line 1	4 (1
4	Net assets or fund halances at beginning of your family and a section of the sect	ກ		٦
и	Mot managed at Degiming of year (must equal Part X, line 32, column (A))	4	4	4
, ,	Net diffeduzed gains (losses) on investments	ιΩ		1
٥	Donated services and use of facilities	9		
_	Investment expenses	7 7		- 1
8	Prior period adjustments	, ,		
6	ote or find	20		
9	Mot south of the description of	6		
2	ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	1 V	"
Part	Financial Statements and Reporting	2	ţ.	0
- 1	Check if Schedule O contains a response or note to any line in this Part XII			
THE PERSON	· · · · · · · · · · · · · · · · · · ·			

18,635

5,877

4,512

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Yes

o Z

2a

O N

2p

775,0 1,942

н	Accounting method used to prepare the Form 990:	Cash Cas	T Accrual		Other		
	g fron	a prior y	ear or che	cked	"Other,"	er," explain on	

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on 2a Were the organization's financial statements compiled or reviewed by an independent accountant? a separate basis, consolidated basis, or both: Separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? Consolidated basis basis, consolidated basis, or both: þ

Consolidated basis

Separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight If the organization changed either its oversight process or selection process during the tax year, explain in of the audit, review, or compilation of its financial statements and selection of an independent accountant? ☐ Both consolidated and separate basis Schedule 0.

20

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. P

וורטרו טטט שיים

3b

ON

3a

Form 990 (2021)

Additional Data

Software ID: 21013178

Return to Form

Software Version: v1.00

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Na	me of t	the organization				the latest fille	Tillation.	Inspection
GC	S PROJE	СТ					Employer identif	ication number
Đ.	art I	Reason for Pu	blic Charity	Chata (All			82-1385059	
			e foundation be	Status (All organizecause it is: (For lines	through 13	complete this pa	art.) See instruc	tions.
1	Г	A church, convention	on of churches	or association of chu	1 through 12,	check only one bo	x.)	
2	: П	A school described	in section 170	(b)(a)(a)	rcnes describe	d in section 170(b)(1)(A)(i).	
3	_	A hospital or a second	m section 170	(b)(1)(A)(ii). (Attach	Schedule E (Fo	orm 990).)		
4	,	A mospital of a coop	erative nospita	al service organizatior	n described in s	section 170(b)(1)((A)(iii).	
8	1	hospital's name, cit	organization op y, and state:	perated in conjunction	with a hospita	I described in sect	tion 170(b)(1)(A)(iii). Enter the
5	Γ	An organization ope 170(b)(1)(A)(iv). (rated for the be	enefit of a college or u II.)	niversity owner	d or operated by a	governmental unit	described in section
6		A federal, state, or I	ocal governme	nt or governmental un	it dosaribadia			3.00 3 0.00
7	Г	An organization that	normally recei	ives a substantial un	iit described in	section 170(b)(1)	(A)(v).	
8	Г			ives a substantial part (vi). (Complete Part I			tal unit or from the	general public
9		An agricultural reserv	resembed in se	ction 170(b)(1)(A)(vi). (Complete P	art II.)		
10	,	university or a non-l	arch organizati and grant colle	on described in 170(b ge of agriculture. See)(1)(A)(ix) openinstructions. E	erated in conjuncti	ion with a land-gra	nt college or
10	V	receipts from activit from gross investme	ies related to i	ts exempt functions—	subject to certa	port from contribu in exceptions, and	tions, membership	fees, and gross
11	Г	An organization organization organization	ne 30, 1975. S	See section 509(a)(2).	(Complete Par	rt III.)	ax) from business	es acquired by the
12	_	An organization orga	mized and oper	ated exclusively to te	st for public sat	fety. See section 5	09(a)(4).	
33.FF		one or more publicly the box on lines 12a	nized and opera supported orga through 12d th	ated exclusively for the anizations described in nat describes the type	benefit of, to section 509(a	perform the function (1) or section 50	ons of, or to carry o	out the purposes of on 509(a)(3). Check
a		Type I. A supporting	organization of	porated amount	or supporting (ryanization and co	omplete lines 12e,	12f, and 12g.
		organization. You mu	st complete Pa	art IV, Sections A and	R	ity of the directors	s or trustees of the	supporting
b		Type II. A supporting	organization s	supervised or controlle		n with its supporte that control or mar	d organization(s), nage the supported	by having control or l organization(s). Yo u
С		Type III functionally	integrated A	supporting organization ructions). You must co	0.000			grated with, its
d		Type III non-function	ally integrated	d A supporting area-		, sections A, D, an	d E.	
		not functionally integr	rated. The orga	d. A supporting organi anization generally mu ete Part IV, Sections A	st satisfy a dis	I In connection wit	h its supported org	janization(s) that is
e	г	(see instructions). Yo	u must comple	ete Part IV, Sections A	and D, and Pa	rt V.	ent and an attentiv	eness requirement
8	1	integrated, or Type II	organization re I non-function:	ceived a written deter	mination from	the IRS that it is a	Type I, Type II, T	ype III functionally
f	Enter	the number of support	ted organizatio	, s support	ing organizatio	111.		CONTROL OF CONTROL OF CONTROL CAN DISCONDERS OF THE TRANSPORT
g		Provide the following i	nformation abo	ns	nization(-)		· · · · · · .	
	(1) 144	me or supported	(ii) EIN	(iii) Type of		organization	()	
	o	rganization	III disensitate económico.	organization (described on lines 1- 10 above (see	listed in you	ur governing r	(v) Amount of monetary support see instructions)	(vi) Amount of other support (see instructions)
				instructions))				
) ()	Yes	No		
tal			I A STREET	THOUSANT - COUNTY AND ASSOCIATION				
			THE RESERVE THE PARTY OF THE PA	CANADA SERVICE AND A CONTRACT OF THE PARTY O		THE RESERVE AND ADDRESS OF THE PARTY OF THE		

	Part II Support Schedule for (Complete only if you	or Organizati	ons Describ	ed in Section	ıs 170(b)(1)(A)(iv) and 17	Page
	(Complete only if you Part III. If the organiz	checked the b	ox on line 5,	7, or 8 of Part	I or if the orga	nization failed	to qualify under
Y. 1	Part III. If the organiz Section A. Public Support	ation railed to	qualify under	the tests liste	d below, please	complete Par	t III.)
C	Calendar year						
	or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	g. dires, contributions, and						(1) 10(0)
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either						145-145-146-146-146-146-146-146-146-146-146-146
	paid to or expended on its behalf						(
3	The value of services or facilities						
	furnished by a governmental unit to						
8	the organization without charge		1				
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a				37 EESEMBLAND	PER SUPERIOR STREET	18/10
	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	The latest					
200	line 4.						
	Section B. Total Support				A SAME TO SERVE		
Ca	llendar year	(a) 2017	(b) 2018	(-) 2010			T
7	r fiscal year beginning in) ► Amounts from line 4	(-) - 5 - 1	(6) 2016	(c) 2019	(d) 2020	(e) 2021	(f) Total
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			\ <u>\</u>			
	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		0>				
	or loss from the sale of capital						
	assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10			DE LEGICIONE DE LEGICIO	S SAMMEN	DI USA SIKULETANA SAKI	D000
12		ots (see inst	E MAN OF STREET				
13	Gross receipts from related activities	, etc. (see instri	ictions)			12	
	First 5 years. If the Form 990 is for the check this box and stop here	ne organization's	first, second, th	nird, fourth, or fil	fth tax year as a s	section 501(c)(3)	organization.
						▶┌	
14	oction of computation of Pub	IIC Support P	ercentage				
15	Public support percentage for 2021 (li	ine o, column (f)	divided by line	11, column (f))		14	
	Public support percentage for 2020 S 33 1/3% support test—2021. If the or	ganization 414	11, line 14		* ** * * *	15	
	33 1/3% support test—2021. If the or and stop here. The organization quality	ganization did no	t check the box	on line 13, and	line 14 is 33 1/3%	or more, check	this box
b	· gamacanii qualii	ies as a publicly	Supported orga	nization			- Second
-		ryanization did r	of check a hov	on line 12 16			
17a	box and stop here. The organization 10%-facts-and-circumstances test—2 is 10% or more, and if the organization	021 If the organ	ization did	organization			▶□
	is 10% or more, and if the organization neets	on meets the "fa	cts-and-circum	cneck a box on li	ne 13, 16a, or 16	b, and line 14	
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organic	2020. If the organ	nization did not	check a box on I	ine 13, 16a, 16b	or 17a and line	•
	15 is 10% or more, and if the organization in Part VI how the organization	zation meets the	"facts-and-circ	cumstances" test	, check this box a	and stop here.	
							icly
.8	supported organization	did not check a	hov on line 12	10 1 1 1 1 1 E E E E	*******		▶□
	instructions						
					• • • • • • • •		▶□
						Schedule A	(Form 990) 2021

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.)

_ 5	Section A. Public Support	rians to quani	y under the tes	its listed below	, please compl	ete Part II.)	
	lendar year · fiscal year beginning in) >	(a) 2017	(b) 2018	(c) 2019	(4) 2020		
1	Gifts, grants, contributions, and	,	(0)2010	(C) 2019	(d) 2020	(e) 2021	(f) Total
12.70	membership fees received. (Do not	49,906	172,628	123,061	462.000		
-	include any "unusual grants.").	N 4275 S 515	1,020	125,001	163,399	68,37	577,36
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in		24.000	100000000000000000000000000000000000000	500		1
	any activity that is related to the		21,603	37,712	0		59,31
	organization's tax-exempt purpose				1		
3	Gross receipts from activities that						
	are not an unrelated trade or	0	0	0			
	business under section 513	Ĭ		U	0		P
4	Tax revenues levied for the						
	organization's benefit and either		l l				
	paid to or expended on its behalf	0	0	0	0		
-	The vertice of						
5	The value of services or facilities furnished by a governmental unit to	0					
	the organization without charge	.0	0	0	0	C	
6	Total. Add lines 1 through 5	49,906	194,231	160,773	162 200		
7a	Amounts included on lines 1, 2,		13 1,231	100,773	163,399	68,375	636,684
	and 3 received from disqualified	0	0	o	0		
ь	persons Amounts included on lines 2 and 3						·
U	received from other than						
	disqualified persons that exceed	0	0	o			
	the greater of \$5,000 or 1% of the	-		٩	0	0	
0.0	amount on line 13 for the year.						
8 8	Add lines 7a and 7b.	0	0	0	0	0	0
0	Public support. (Subtract line 7c from line 6.)			DAME OF BE			
Se	ection B. Total Support		TV AREA SERVICE				636,684
200000000000000000000000000000000000000	ndar year						
(or	iscal year beginning in	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	49,906	194,231	160,773	163,399		
10a	Gross income from interest,			100/1.13	103,333	68,375	636,684
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources			117	500	890	1,507
	3 1	1					
Ь	Unrelated business taxable income						
	(less section 511 taxes) from	0	0	0		2.0	
	businesses acquired after June 30, 1975.			0	0	0	0
c	Add lines 10a and 10b.	0	0				
11	Net income from unrelated	-		117	500	890	1,507
	business activities not included on	6	1				
	line 10b, whether or not the	0	0	0	0	0	0
12	business is regularly carried on. Other income. Do not include gain						
	or loss from the sale of capital	0	0				
	assets (Explain in Part VI.)	ŭ	0	0	0	0	0
13	Total support. (Add lines 9, 10c,	49,906	104 334				
	11, and 12.)		194,231	160,890	163,899	69,265	638,191
14	First 5 years. If the Form 990 is for the	e organization's	first, second, thir	d, fourth, or fifth	tax year as a se	ction 501(c)(3)	organization,
							. ▶▼
	etion c. computa on of Public	Support Per	rcentage				
16	Public support percentage for 2021 (lin	ne 8, column (f)	divided by line 13	3, column (f))		15	
10	rablic support percer lage from 2020	Schedule A, Part	t III, line 15			16	
360	Lion D. Computation of Inves	tment Incom	e Percentage				
17	Investment income parcentage for 202	21 (line 10c, colu	mn (f) divided by	line 13, column	(f))	17	
10	investment income procentage from 2	020 Schedule A	Part III line 17			100000	
94 -	51/3 % Support tests 2021. If the org	anization did not	check the boy or	line 14 and lin	- 15:	33 1/3%, and lir	e 17 is not
	in a second and	stop nere. The or	ruanization qualit	iec ac a nublicly	cumported		- posses
-	-, - it support test 2020. If the of	ganization did no	of check a hov on	ling 11 or line 1	0 11: :		
	The state of the s	on and stop nere.	 i ne organization 	1 qualifies as a n	ublichy cupported		
0 1	Private foundation. If the organization	did not check a	box on line 14, 1	9a, or 19b, chec	k this box and ea	e instructions	► □
			The state of the s		Jon und 30	- mountling.	C1 75. 75 TEMPER

Part IV	Supporting	Organizations
---------	------------	---------------

(Complete only I you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12%, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked how

	cked box 1	Part I, complete Sections A and D, and complete Part V.)	A, D, a	and E.	It yo
	section A. All Supp	octing Organizations			
1.27	8 80			Yes	No
1		ation's supported organizations listed by name in the organization's governing documents? If I how the supported organizations are designated. If designated by class or purpose, If historic and continuing relationship, explain.	19		
2			1		
	section 509(a)(1) or was described in section	The view any supported organization that does not have an IRS determination of status under (1)? If "Yes," explain in Part VI how the organization determined that the supported organization is 500(a)(1) or (2).			
3a			2		
	3b and 3c below.	tive a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines			
b	Did the organization	Good Mark and	За		
-	satisfied the public su made the determination	affirm that each supported organization qualified under section 501(c)(4), (5), or (6) and a port tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization	1		(C) (L)
С	Did the organization	Sure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b		
	1	what controls the organization put in place to ensure such use.	3c		
4a	was any supported or	inization not organized in the United States ("foreign supported organization")? If "Yes" and if	SHASAS		N/85
		the state of the s			200000
ь	Did the organization h	ve ultimate control and discretion in deciding whether to make grants to the foreign supported	4a	COMPLEX.	1767630
	organization? If "Yes,"	escribe in Part VI how the organization had such control and discretion despite being controlled			
С			4b		/.
C	sections 501(c)(3) an	support any foreign supported organization that does not have an IRS determination under 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that			
5a	Did the organization	supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
	lines 5b and 5c below (supported organization	applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the			
		document authorizing such action; and (iv) how the action was accomplished (such as by			
		and an admittancy.	5a		MA (1878)
Ь	Type I or Type II only organization's organization				
С	Substitutions only. W	#f. (1992年1777年17月2日 1774年 1775年 1775年 1777年 1	5b		
6		the substitution the result of an event beyond the organization's control?	5c		
0	other than (i) its supp	vide support (whether in the form of grants or the provision of services or facilities) to anyone ted organizations, (ii) individuals that are part of the charitable class benefited by one or			
	more of its supported the filing organization	of (iii) other supporting organizations that also support or banasit			
		organizations: If Tes, provide detail in Part VI.	-		
7	Did the organization p	vice a grant, loan, compensation, or other similar payment to a substantial contributor	6	1000000	Posterior.
		S(c)(3)(C), a family member of a substantial contributor, or a 35% controlled entity with contributor? If "Yes," complete Part I of Schedule L (Form 990).			
8	Did the organization	Ke a loan to a disqualified person (as 4.6)	7		
	50000000 10000000 100000000000000000000			district.	PAL.
9a	Was the organization	ntrolled directly or indirectly at any time during the tax year by one or more disqualified	8	MANUAL IN	POINT IN
	persons, as defined in (1) or (2))? If "Yes," p				
b	Did one or more disqu	ified persons (as defined on line On) hald	9a		
	supporting organizati	ified persons (as defined on line 9a) hold a controlling interest in any entity in which the had an interest? If "Yes," provide detail in Part VI.			
С			9b		
	assets in which the su	n (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, porting organization also had an interest? If "Yes," provide detail in Part VI.			
0a	Was the organization	res," provide detail in Part VI.	9c		
Ja	(regarding certain Tyr	If supporting organizations, and all Transition 4943 because of section 4943(f)			A STATE
	organizations)? If "Ye				

Did the organization ! -ve any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

whether the organization had excess business holdings).

10a

	Le	Supporting	g)rganizations (continued)			ruge
					Τ.,	
	11	Has the organization	a cepted a gift or contribution from any of the following persons?		Yes	No
	а	A person who direct	ly or indirectly controls, either alone or together with persons described on lines 11b and 11c play of a supported organization?			
	ь		a person described on 11a above?	11a		
	c	A 35% controlled en	tily of a person described on 11a above?	11b		
-	-	Part VI	tily of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in	11c		
-	5	ection B. Type I S	opporting Organizations			
	1	Did the officers dis-			Yes	No
	-	year? If "No," describ organization's activitie and/or remove director	rs, trustees, or membership of one or more supported organizations have the power to ct at least a majority of the organization's directors or trustees at all times during the tax in Part VI how the supported organization(s) effectively operated, supervised, or controlled the in the organization had more than one supported organization, describe how the powers to appoint or trustees were allocated among the supported organizations and what conditions or restrictions, owers during the tax year.	6		
	2	Did the organization	e erate for the benefit of any supported organization other than the supported organization(s)	1	2724965000	100000000
		that operated, superview benefit carried out the organization.	ed, or controlled the supported organization other than the supported organization(s) ed, or controlled the supporting organization? If "Yes," explain in Part VI how providing such urposes of the supported organization(s) that operated, supervised or controlled the supporting	_		
200	Sc			2		
-	36	ection C. Type II	pporting Organizations			
1	Ĺ	Were a majority of th	organization/s diseases as the same same same same same same same sam		Yes	No
			organization's directors or trustees during the tax year also a majority of the directors or organization's supported organization(s)? If "No," describe in Part VI how control or			
_	_	BELL	and a system was vested in the same persons that controlled or managed the supported	1		IL ISSUE PARTIES
_	Se	естюн^ий'.ºАП'тур е	I Supporting Organizations			
1		Did the organization porganization's tax year	ovide to each of its supported organizations, by the last day of the fifth month of the (i) a written notice describing the type and amount of support provided during the prior tax		Yes	No
		organization's govern	orm 990 that was most recently filed as of the date of notification, and (iii) copies of the gocuments in effect on the date of notification, to the extent not previously provided?			
2		were any of the orda	/dlion's officers directors or tweet vi	1		
		organization(s) or (ii) organization maintain	erving on the governing body of a supported organization? If "No," explain in Part VI how the a close and continuous working relationship with the supported organization(s).			
3		By reason of the relati	nship described in line 2 above, did the organization's asset 1	2	50756763	
		significant voice in the assets at all times do				
	Se	ction e. Type Ti	res, describe in Part VI the role the organization's supported organizations	3		
1			ne method that the organization words and Composition words and Co			
	а	The organization	the method that the organization used to satisfy the Integral Part Test during the year (see ins a satisfied the Activities Test. Complete line 2 below.	truction	ıs):	
	ь	The organizat	Lis the parent of each of its averaged.			
	с	The organization	is the parent of each of its supported organizations. Complete line 3 below. supported a governmental entity. Describe in Part VI how you supported a government entity			
2		1000 974 100 1 0 100 100 100 100 100 100 100 10	r lines 2a and 2b below.	(see		
			mies za and zb below.	Г	<u>,, </u>	
		Did substantially all supported organization supported organization was responsible to substantial sub	the organization's activities during the tax year directly further the exempt purposes of the (s) to which the organization was responsive? If "Yes," then in Part VI identify those ons and explain how these activities directly furthered their exempt purposes, how the sive to those supported organizations, and how the organization determined that these activities all of its activities.		Yes	No
	ы	Did the activities des	bed on line 2a, above constitute activities that but for the access to	2a	NAMES OF THE OWNER, WHEN	
	1		n's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the int. or the organization in the supported organization or the organizatio			
3			ganizations. Answer lines 3a and 3b below.	2b		
	a [Did the organization	ve the power to regularly appoint or elect a majority of the officers directors			
			res of No , provide details in Part VI.	3a		
	it		ercise a substantial degree of direction over the policies, programs and activities of each of			

its supported organic ions? If "Yes," describe in Part VI. the role played by the organization in this regard.

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See (B) Current Year (B) Current Year instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (optional) (optional) Current Year (A) Prior Year (A) Prior Year 7 н 4 LO. 9 1b 1 8 **1**a 10 19 7 e 2 9 1 8 н tion, or maintenance of property held Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see Aggregate fair market value of all non-exempt-use assets (see instructions for Portion of operating expenses paid or incurred for production or collection of Adjusted net income for prior year (from Section A, line 8, Column A) Net value of non-exempt-use assets (subtract line 4 from line 3) Acquisition indebtedness applicable to non-exempt use assets Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) c Fair market value of other non-exempt-use assets Section B - Minimum Asset Amount e Discount claimed for blockage or other factors short tax year or assets held for part of year): Section A - Adjusted Net Income Minimum Asset Amount (add line 7 to line 6) for production of income (see instructions) Section C - Distributable Amount Recoveries of prior-year distributions Recoveries of prior-year distributions a Average monthly value of securities Other expenses (see instructions) b Average monthly cash balances d Total (add lines 1a, 1b, and 1c) Net short-term capital gain Depreciation and depletion Subtract line 2 from line 1d explain in detail in Part VI) Multiply line 5 by 0.035 Add lines 1 through 3 Enter 85% of line 1 instructions). -4 n 9 œ 4 2 9 8

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

N W 4

9 2

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions)

1

Income tax imposed in prior year

Enter greater of line 2 or line 3

w 4 m

Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990) 2 Part V Type III N					Pag
Section DOT BASHAB		ted 509(a)(3) Suppor	rting	(continu	
					Current Year
1 Amounts paid to supp	3 -	ish exempt purposes		1	
2 Amounts paid to perform organizations, in excess of income from	re activity that directly further	s exempt purposes of suppo	orted	2	
3 Administrative expen					
4 Amounts paid to acq		ourposes of supported orga	nizations	3	
5 Qualified set-aside	ints (prior IRS approval require	ed - provide details in B		4	
6 Other distributions (ribe in Part VI). See instruct		71)	5	
7 Total annual distribut	. Add lines 1 through 6.	10115		6	
8 Distributions to attent				7	
(provide details in Part VI).	supported organizations to v	vhich the organization is re	sponsive	8	
9 Distributable amount	2021 from Section C, line 6				
10 Line 8 amount divide	Line 9 amount			9	
Section E - Dis				10	
(see	ution Allecations uctions)	(i) Excess Distributions	ii) Underdist Pre-2	ributions	(iii) Distributable Amount for 2021
1 Distributable amount	2021 from Section C, line 6				Amount for 2021
2 Underdistributions, if	for years prior to 2021				DESCRIPTION OF SUPERIOR
(reasonable cau:	equired explain in Part VI				
See instructions.					
a From 2016	over, if any, to 2021:	40 33 35 LIVE 61		400000000000000000000000000000000000000	
b From 2017	•				
c From 2018	•	是一种的是一种的数据			
d From 2019				A STATE OF THE STATE OF	Kupanta - areas
e From 2020					
f Total of lines 3a three		THE RESERVE OF THE SERVERS		建筑的建筑	
g Applied to underdis	tions of prior years				
h Applied to 2021 dist	table amount		elizioni scenze a m		
i Carryover from 2010 instructions)	applied (see				
j Remainder. Subtract	3d. 3h, and 3i from line 3f.				
4 Distributions for 2023	a Section D, line 7:				
\$ a Applied to underdisc	1				
b Applied to 2021 dist	ions of prior years	生 一		1	
	able amount				
c Remainder, Subtract	4a and 4b from line 4.				
5 Remaining underdis 2021, if any. Subtra	ans for years prior to			Control of the second	
If the amount is gro	es 3g and 4 from line 2.				
See instructions. 6 Remaining underdiage	198			8	
lines 3h and 4b from	ons for 2021, Subtract 1. If the annual is greater				The state of the s
than zero, explain in	VI. See instructions.				
7 Excess distributions 3 and 4c.	over to 2022, Add lines				
8 Breakdown of line 7:	98	1 · 130年 田 20 · 1 · 130年 田 20 · 1	INDEXTENSES OF STREET		
a Excess from 2017					
b Excess from 2018					
c Excess from 2019.					
d Excess from 2020.					
e Excess from 2021		CONTRACTOR OF			

Schedule A (Form 990) 2021

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 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, Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

Schedule A (Form 990) 2021

Additional Data

Software ID: 21013178

Software Version: v1.00

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organ GCS PROJECT

 Π

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Comple Total number at	ions Maintaining Donor A the organization answered	Navised Funds or Other "Yes" on Form 990, Part I	Similar Funda	or Accounts.
Total number at		1 C3 OH FOITH 990, Part I	v. line b	
Total number at		(a) Donor advised fu		(b) Funds and set
	ofysar	() / Tanor davided it		(b) Funds and other accounts
Aggregate valu∈	ontobutions to (during year)			
Aggregate value	rants from (during year)			
Aggregate value	nd of year			
Did the organia the organization	o inform all donors and donor adv	risors in writing that the asset	s held in donor adv	
Did the organiz	inform all grantees, donors, and	donor advisors in writing that	t grant funds can be	used only for
	ion Fasements			· · Fyes F No
Compl		Yes" on Form 990 Part IV	/ line 7	
Purpose(s) of	rva for easements held by the or	ganization (check all that are	/, iiie /.	
Preservation	and for public use (e.g., recreation			ically important land
☐ Protection	tural habitat		rvation of a contifi-	d List important land area
Preservati	open space) Fiesei	vacion of a certifie	d historic structure
Complete line	trough 2d if the organization held	f a qualified conservation cont	tribution in the form	of a conservation
				Held at the End of the Year
Total acreage	te ly conservation easements			
	ខែរៈ មិនគេធាស៊ីស្នាស្វ		2b	
Number of cor	for ensements on a certified hist	oric structure included in (a)	2c	
Number of con historic structu	flor engements included in (c) ac-	guired after 7/25/06, and not	on a 2d	
Number of contax year ▶	tion ensements modified, transfer	red, released, extinguished, o	or terminated by the	e organization during the
Number of sta	Dere property subject to conserva	tion easement is located b		
Does the orga violations, and	in Laws a written policy regarding	the periodic monitoring inspe	ection, handling of	
Staff and volume year				Yes No servation easements during the
Amount of or				
► \$	in presid in meditoring, inspecting	g, handling of violations, and	enforcing conservat	tion easements during the year
Does each co	tion a sement reported on line 20	d) above satisfy the requirem	onts of easting 170	VI.V.
(B)(i) and seri	/0([][4](B)(ii)?			Yes No
In Part XIII, balance sheet, the organizati	e has the organization reports conclude, if applicable, the text of the	nservation easements in its re	ovenue and	
Organ Com	ors Maintaining Collection	s of Art Historical Tro	asures, or Oth	er Similar Assets.
If the organion of art, historia	lecter, as permitted under FASB A	ASC 958, not to report in its r	line 8.	and balance sheet works
	the roothote	to its illialitial statements tha	at describes these is	tome
art, historica		SC 958, to report in its reven r public exhibition, education,	nue statement and l , or research in furt	balance sheet works of therance of public service.
Revenue in	3 thou items.			
	Toron local new mark virit, line 1			▶\$
	on ou, Part X			▶\$
ollowing an	agreements be reported under FASB	ical treasures, or other similar ASC 958 relating to these ite	r assets for financia	I gain, provide the
Revenue inc	a E rue 950, Pali VIII, line 1			▶\$
ssets inclu	nra 10, Part C.			▶ s
erwork Res	Ac fadice, see he Instructions for	Form 990.	Cat. No.	Schedule D (Form 990) 202:
	Did the organia the organization of the organi	Did the organization the organization charitable purpose (s) of preservation property in protection protection casement on the casement of the	bid the organization the organization belt of the benefit of the donor advisors in writing that the asset pointy, subject to the organization's exclusive legal control? Intermal I grantees, donors, and donor advisors in writing that the asset property, subject to the organization's exclusive legal control? Intermal I grantees, donors, and donor advisors in writing that the asset property in the donor or donor advisor, or for an action of the benefit of the donor or donor advisor, or for an action of the benefit of the donor or donor advisor, or for an action of the benefit of the donor or donor advisor, or for an action of the benefit of the donor or donor advisor, or for an action of the benefit of the donor or donor advisor, or for an action of the benefit of the donor or donor advisor, or for an action of the donor of donor advisors in writing that the asset in action of the donor or donor advisor, or for an action of the donor or donor advisors in writing that the asset in the donor or donor advisors in writing that	Did the organization below and donor advisors in writing that the assets held in donor advisor in writing that the assets held in donor advisor in writing that grant funds can be a financial grantees, donors, and donor advisors, or for any other purpose contingermissible and in the formation of the benefit of the donor or donor advisor, or for any other purpose contingermissible and in the formation of the benefit of the donor or donor advisor, or for any other purpose contingermissible and in the formation of the benefit of the donor or donor advisor, or for any other purpose contingermissible and in the formation of the benefit of the donor or donor advisor, or for any other purpose contingermissible and in the formation of

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Sch	edule D (Form 9			Page 2
Pai	rt III Organi		intair	ag Collections of Art, Historical Treasures, or Other Similar Assets (continued)
3	Using the organ	91.5	tion,	ccession, and other records, check any of the following that are a significant use of its
	collection items	6	appl	
a	Public ext			d Loan or exchange programs
b	Scholarly	7.		e Cother
С	Preservation	Xiri	merati	ns .
4	Provide a de cr Part XIII.	- Charle	200120	m's collections and explain how they further the organization's exempt purpose in
5	During the year assets to be so		zat ra	In to be maintained as part of the organization's collection? Yes No
Pa	IT IV Escrov	34	liai -	rangements.
	Con	2.1	nizat	n answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990,
	Part X	_		
1a	Is the organization	19	ustec	custodian or other intermediary for contributions or other assets not
	included on To	177	o Hym. s	· · · · · · · · · · · · · · · · · · ·
b	If "Yes," exploi		nt in	Amount Amount
c	Beginning balar			1c
d				14
u	Additions during	E .		
е	Distribution		A. 1	1e
f	Ending bal		0.800	1f
2a	Did the org	=5;	arno	Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b	If "Yes," explai	ro	ent in	IT XIII. Check here if the explanation has been provided in Part XIII \dots
P	art V Endow	Sti	d.	
	Connile		iz	loswered "Yes" on Form 990, Part IV, line 10.
				(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
1a	Beginning of Ver	1.0	S (6) 3	
Ь	Contributions			
С	Net investm		and	i 3.
d	Grants or s	6	a.	
e	Other expenditu	-70		
	and program			
f	Administrative			
9	End of year	4	₹ 8	IR .
2	Provide the	1(2)	inge of	@ current year end balance (line 1g, column (a)) held as:
a	Board designate	(43)	DVAL	je sa
Ь	Permanent	3-		
С	Term endo			
	The percent		b, an	thould equal 100%.
3a				profession of the organization that are held and administered for the
	organizatic (i) Unrelat			Yes No 3a(i)
				3a(ii)
ь	(ii) Related in If "Yes" on			mations listed as required on Schedule R? 3b
	11 163 011		u u	The constitution is tead as required on schedule k:
4	Describe in		ed t	the organization's endowment funds.
Pa	rt VI Lan	15	id l	ment.
	Cor		niza.	Inswered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
	Description ((a) Cc	ther basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value
1-	Land			
	Land			
	Buildings 4			
С	Leasehold i			
d	Equipment 1			
e	Other .			
Tot	al. Add lines		17/1	t equal Form 990, Part X, column (B), line 10(c),

	te if	icr ncl						(D) B	OK		(() Meth	od of v	valuat	X, line 12.
	ves	ic.	ime (f secur	ity)			valu	e		ost o	r end-	of-yea	r mari	ket value
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-		-						-	+						
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me te i		E 16	gram	Rela	ted.		4		10000		SESZA	pervetor		ALC: N	SWA STAN
	(0		tion of	invest	ment	'Yes' or	n Form 9	90, Part	IV, li	ne 11c. ok value	See	Form	990, I	Part)	K, line 13.
3.0	C		Chase	Bank						140,5	1	Cost o	r end-	of-yea	r market v
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S	set:	33 ****		answ	ered 'Y	es' on	Form 99		/, line			rm 990), Part		
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s	al Fo			answ	ered 'Y	es' on cription	Form 99		/, line			rm 990), Part		
S	set:			answ	ered 'Y	es' on cription	Form 99		/, line			rm 990	l, Part		
SS	et:			answ	ered 'Y	res' on cription	Form 99		/, line			rm 990	I, Part		
SS	et:			answ	ered 'Y	(es' on cription	Form 99		/, line			rm 990), Part		
sse i	set: f th	5 to 10 to 1	ization	answ	ered 'Y (a) Des	cription	Form 99		/, line			rm 990), Part		
e if	et: th		zation	col.(B)	ered 'Y (a) Des)		0, Part IV		11d. s	ee Fo	rm 990	P.		
e if	t:th		, Part X,	col.(B)	ered 'Y (a) Des)				11d. s	ee Fo	rm 990			
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9	Page 4
	Return.
	Complete if the organization answered 'Yes' on Form 990. Part IV. line 12a
П	ial statements
٢	Amounts included on line 1 but not on Form 990, Part VIII, line 12:
U	Recoveries of prior year grants
*C	
5	La contract of the contract of
	26
	The following the first than the fir
	investment expenses not included on Form 990, Part VIII, line 7b . 4a
Q	
U	
2	revenue. Add lines 3 and 4c. (This must equal Form 990. Part 1. line 12.)
P	Penses per Audited Financial Statements With Fire 15
	n Form 990, Part IV, line
-	
7	Form 990, Part IX, line 25:
ro	Donated services and use of facilities
p	Prior year adjustments
U	Other losses
Ф	Other (Describe in Part XIII.)
О	Add lines 2a through 2d
m	Subtract line 2e from line 1
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:
ø	Investment expenses not included on Form 990, Part VIII, line 7b
þ	Other (Describe in Part XIII.)
U	Add lines 4a and 4b
22	xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)
Su	
Prov 2; Pa	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.
	Return Reference Explanation

Additional Data

Software ID: 21013178

Software Version: v1.00

GCS PROJECT

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simultion for responses to specific questions on

of the to prosect a fire

82-1385059	Explanation	Treasurer Roy Buchta emails copies of 990 to Directors upon completion. Answers an questions after review.	Interested parties may contact the Treasurer or President and request a copy of the 990. Of course these documents are also available to the public via IRS.	,000 CD held at Chase Bank.	Corrine Antley donated \$5000 in her mom's (Barb Antley) name on 5/4/21 601 13th St NW #900 Washington DC 20005
		Treasurer Roy Buchta emails copies of 990 to	Interested parties may contact the Treasurer available to the public via IRS.	Received \$280 in interest in \$140,000 CD held	Corrine Antley donated \$5000 in her mom's (Ba
	Reference	Form 990, Part VI, Section B, Line 11b	Form 990, Part VI, Section C, Line 19	Form 990, Part XI, Line 9	Schedule B, Part I

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data

Software ID: 21013178

Software Version: v1.00