			** PUBLIC DISCLOSURE COPY *	*	
	0	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (		<b>2021</b>
			Do not enter social security numbers on this form as it ma	ay be made public.	Open to Public
Depa Inter	artment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat	est information.	Inspection
AI	For th	e 2021 calend		JUN 30, 2022	
	Check if applicab	le: C Name of	forganization	D Employer identifica	tion number
	Addre	Magn	ified Giving		
	chang Name		usiness as	26-351908	1
	chang Initial		and street (or P.O. box if mail is not delivered to street address) Room/su		±
	returr Final	9910	Reading Road		727
	returr termi ated	ñ	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	776,234.
	Amer	ded Cina	innati, OH 45241	H(a) Is this a group retu	
	Appli		nd address of principal officer: Roger F Grein	for subordinates?	
	pend	<sup>ing</sup> 9940	Reading Road, Cincinnati, OH 45241	H(b) Are all subordinates inclu	
1	Tax-ex	empt status:			st. See instructions
			ifiedgiving.org	H(c) Group exemption	
				'ear of formation: 2008 M	
	art I				0
	1	Briefly describ	be the organization's mission or most significant activities: To provid	de grants to lo	ocal
S			es through junior high and high school		
'nai	2	Check this bo	x  if the organization discontinued its operations or disposed of m	ore than 25% of its net asset	S.
Nel	3	Number of vot	ting members of the governing body (Part VI, line 1a)	3	20
ğ	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)		20
s So	5	Total number	of individuals employed in calendar year 2021 (Part V, line 2a)	5	11
/itie	6	Total number	of volunteers (estimate if necessary)	6	25
Activities & Governance	7 a		d business revenue from Part VIII, column (C), line 12		0.
_<	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0.
				Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)	602,594.	685,052.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	1,207.	11,285.
eve	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)	14,676.	45,287.
Œ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,432.	15.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	621,909.	741,639.
	13	Grants and sir	milar amounts paid (Part IX, column (A), lines 1-3)	156,421.	197,551.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	333,949.	303,864.
en si	16a	Professional fu	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ►121,770.	0.	0.
Expenses	. b			102.046	180.000
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	103,946.	172,023.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	594,316.	673,438.
	19	Revenue less	expenses. Subtract line 18 from line 12	27,593.	68,201.
Net Assets or				Beginning of Current Year	End of Year
sset	20	Total assets (F		1,690,078.	1,629,723.
et As	21		(Part X, line 26)	19,403.	19,855.
			fund balances. Subtract line 21 from line 20	1,670,675.	1,609,868.
	art II	•			
	-		I declare that I have examined this return, including accompanying schedules and stat		nowledge and belief, it is
true	, corre	ct, and complete.	. Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.	

Sign	Signature of officer						
Here	📐 Roger F Grein, Preside						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	Paula Hume			self-employed	P0053751	6	
Preparer	Firm's name <b>Barnes</b> , Dennig &	Co., LTD		Firm's EIN ▶ 31-1119890			
Use Only	Firm's address 🕨 150 East Fourth	Street		-			
	Cincinnati, OH 4	)241-831	3				
May the If	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No	
100001 10 0		so soo the congrate instructions			Eorm 990	(2021)	

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

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	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To provide grants to local charities through junior high and high
	school students participating in youth Philanthropy education.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	Grants are distributed though school education programming and giving
	circles to nonprofit organizations. We had 122 programs participate and
	awarded 177 grants to 131 nonprofit organizations (some are chosen by
	more than one school).
41	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ►     496,942.
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 Form 990 (2021)
 Magnified Giving

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			- 21
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	Х	
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		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a		<u>14a</u>		
U	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			
		14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	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		х
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? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	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	X	
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Par	rt IV Checklist of Required Schedules (continued)				
		Г		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				v
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and for the organization and the sector of the organization of	nt			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				x
04-	Schedule J		23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the user that user th	ne			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		04-		x
L	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24a 24b		
		·····	240		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		04-		
ام	any tax-exempt bonds?		24c 24d		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	·····	240		
259	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		05.0		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	·····	25a		
a	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 repeated on any of the organization's prior Forme 000 pr 000 FZ2. If We we have				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		054		x
00	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%				v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee	I			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contr				v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II	/	27		X
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				37
	"Yes," complete Schedule L, Part IV		28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	·····	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II		32		X
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? If "Yes," complete Schedule R, Part I		33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1		34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	tion?			
	If "Yes," complete Schedule R, Part V, line 2		36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
	Note: All Form 990 filers are required to complete Schedule O		38	Х	
Par					
	Check if Schedule O contains a response or note to any line in this Part V		·····	<u></u>	
				Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	1			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?		1c	Х	L
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Form		5-3519	081	Р	<sub>age</sub> 5						
Fai				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 11										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.										
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				v						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X						
b	If "Yes," enter the name of the foreign country										
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		5a		x						
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	r	5b 5c		X						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization s		50								
Ua	any contributions that were not tax deductible as charitable contributions?		6a		x						
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		Ua								
D D	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).		0.0								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	the pavor?	7a	Х							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?		7c		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d										
			7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	1098-C?	7h	N/	A						
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	N/A	8		L						
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b								
10	Section 501(c)(7) organizations. Enter:										
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders N/A 11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a								
			Iza								
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $N/A$ . 12b Section 501(c)(29) qualified nonprofit health insurance issuers.										
		N/A	13a								
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		100								
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
с	Enter the amount of reserves on hand										
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?		15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16			16		Х						
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	N/A	17								
	If "Yes," complete Form 6069.										
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	1 990 (2021)       Magnified Giving       26-3519         rt VI       Governance, Management, and Disclosure.       For each "Yes" response to lines 2 through 7b below, and for a		espon	age se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
		<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
2	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10-	Х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	- 23	
C		12c	Х	
12	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
13 14		14	X	
1 <del>4</del> 15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		Х
	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	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
	taxable entity during the year?	<u>16a</u>		X
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		X
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16a 16b		X
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			X
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>Stion C. Disclosure</b>			X
b Sec 17	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>Stion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶ <u>OH , KY</u>	16b	availal	
b Sec 17	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? exempt status with respect to such arrangements? exempt states with which a copy of this Form 990 is required to be filed ▶OH , KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)) for public inspection. Indicate how you made these available. Check all that apply.	16b	availal	
b Sec 17 18	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>Extion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶OH , KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other <i>(explain on Schedule O)</i>	16b s only)		
b Sec	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>Extion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶OH , KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	16b s only)		
b Sec 17 18 19	taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?         exempt status with respect to such arrangements?         extion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed ▶OH , KY         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       X         Another's website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	16b s only)		
b <u>Sec</u> 17 18 19	taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?         exempt status with respect to such arrangements?         extion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed ▶OH , KY         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       X         Another's website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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       ▶	16b s only)		
b Sec 17 18	taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?         etion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed ▶OH , KY         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)); for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       X       Another's website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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       ▶         Roger F. Grein - 513-733-9727	16b s only)		
b Sec 17 18 19 20	taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?         exempt status with respect to such arrangements?         extion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed ▶OH , KY         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       X         Another's website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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       ▶	<b>16b</b> s only)		ble

Form 990 (2021) Magnified Giving	26-3519081	Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if Schedule O contains a response or note to any line in this Part VII										
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending	g 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.

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

(A)	(B) (C)							(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one					ne	Reportable	Estimated			
	hours per	box	oox, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of		
	week		cer an	laaa	recio	r/trus	lee)	from	from related	other		
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the		
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 NEO)	and related		
	below	Individual trustee or director	Institutional trustee	5	Key employee	est co oyee	er			organizations		
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-		
(1) Kelly Collison	40.00											
Executive Director		Х		Х				83,375.	0.	0.		
(2) Drew Hicks	1.00											
Board Member		Х						0.	0.	0.		
(3) Jenna McHugh	1.00											
Board Member		X						0.	Ο.	0.		
(4) Bob Kelly	1.00											
Board Member - Exit 6/30/22		X						0.	Ο.	0.		
(5) Joyce Kupfer Mulderig	1.00											
Board Member		X						0.	Ο.	0.		
(6) Don Neyer	1.00											
Board Member		X						0.	0.	0.		
(7) Anthony Reed	1.00											
Vice Chair		X		Х				0.	0.	0.		
(8) John Rasp	1.00											
Treasurer		X		X				0.	Ο.	0.		
(9) Casey Ruschman	1.00											
Secretary - Exit 6/30/22		X		X				0.	Ο.	0.		
(10) Kara Shibiya	1.00											
Board Member		X						0.	Ο.	0.		
(11) Meaghan Pfetzer	1.00											
Board Member		X						0.	0.	0.		
(12) Heather Campbell-Lieberman	1.00											
Board Member		X						0.	0.	0.		
(13) Roger Grein	1.00											
President & Chair		X		Х				0.	0.	0.		
(14) John DiTullio	1.00											
Board Member		x						0.	0.	0.		
(15) Ty Hogan	1.00											
Board Member		X						0.	0.	0.		
(16) Adrienne Roach	1.00											
Board Member		x						0.	Ο.	0.		
(17) Melinda Kelly	1.00											
Board Member		x						0.	Ο.	0.		
132007 12-09-21										Form <b>990</b> (2021)		

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132007 12-09-21

Form 990 (2021)

	ed Giving	ſ							26-35	519	081	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, T		ploy	ees,			ghes	t C		, ,				
(A) Name and title	(B) Average hours per week	box	not cl , unles	(C Posi heck n ss pers d a dir	nore f	than c s both	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	I	an	(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org an	ipensa rom the janizati d relate anizatio	e ion ed
(18) David Hummel Board Member - Start 7/1/21	1.00	x						0.		0.			0.
(19) Julie Gyure	1.00												<u> </u>
Board Member - Start 7/1/21		х						0.		0.			0.
(20) Katie Colgan Board Member - Start 7/1/21	1.00	x						0.		ο.			0.
(21) Anya Sanchez Board Member - Start 7/1/21	1.00	x						0.		0.			0.
								0.		0.			0.
1b Subtotal								83,375.		0.			0.
c Total from continuation sheets to Par d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including be compensation from the organization	ut not limited to th						o re	eceived more than \$100,	000 of reportable				0
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> offi						'	0		,		3		X
line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> f 4 For any individual listed on line 1a, is the	e sum of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		3		
<ul><li>and related organizations greater than \$</li><li>Did any person listed on line 1a receive</li></ul>											4		X
rendered to the organization? If "Yes," of											5		Х
Section B. Independent Contractors				-									
1 Complete this table for your five highest the organization. Report compensation	-									ensat	ion fro	)m	
(A) Name and busin	ess address	NC	ONE	2				(B) Description of s	ervices	С		<b>C)</b> nsatio	n
2 Total number of independent contractor \$100,000 of compensation from the org		ot lin	nitec	l to t	hos 0	e list )	ted	above) who received mo	ore than				
											Form	<b>990</b> (2	2021)

132008 12-09-21

	1 990 (		ing			26-3519	081 Page 9
Ра	rt VII	Statement of Revenue     Check if Schedule O contains a response	or noto to ony line	a in this Dart VIII			
			or note to any int	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
fts, rAn	c d	Fundraising events     1c       Related organizations     1d					
nilai nilai	e	Government grants (contributions) 1e					
ions Sir	f	All other contributions, gifts, grants, and					
ibut			685,052.				
ontr	g	Noncash contributions included in lines 1a-1f		695 052			
<u>0</u>	h	Total. Add lines 1a-1f	Business Code	685,052.			
Ð	2 a	Summer Camp Fees	611710	11,285.	11,285.		
Program Service Revenue	b	È		•	,		
n Se	с						
Jran Rev	d						
Proç	e 4	All other program service revenue					
	f a	Total. Add lines 2a-2f		11,285.			
	3	Investment income (including dividends, intere					
		other similar amounts)		44,867.			44,867.
	4	Income from investment of tax-exempt bond p	1				
	5	Royalties	(ii) Personal				
	6 a	Gross rents 6a					
	b						
	с	Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory <b>7a 35</b> , <b>015</b> .	(ii) Other				
	h	assets other than inventory <b>7a 35,015.</b> Less: cost or other basis					
е		and sales expenses					
venue	с	Gain or (loss) 7c 420.					
, Be		Net gain or (loss)	····· ►	420.			420.
Other Re	8 a	Gross income from fundraising events (not					
0		including \$ of contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	····· ►				
	9 a	Gross income from gaming activities. See					
	h	Part IV, line 19 9a Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10k					
	С	Net income or (loss) from sales of inventory	Business Code				
sno	11 a	Miscellaneous Income	900099	15.			15.
anec	b						
Miscellaneous Revenue	с						
Misc	d	All other revenue		1 Г			
	е 12	Total. Add lines 11a-11d		<u> </u>	11,285.	0.	45,302.
13200	9 12-09			,000.			Form <b>990</b> (2021)

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19224.01

Sect	ion 501(c)(3) and 501(c)(4) organizations must comple			nplete column (A).	
	Check if Schedule O contains a response	e or note to any line in t (A)	his Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	197,551.	197,551.		
2	Grants and other assistance to domestic				
~	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00.005		4 1 6 0	4 1 6 0
	trustees, and key employees	83,375.	75,037.	4,169.	4,169
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	204 052	105 602	12 442	05 01 0
7	Other salaries and wages	204,952.	105,693.	13,443.	85,816
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1 5 5 2 7		15 527	
0	Payroll taxes	15,537.		15,537.	
1	Fees for services (nonemployees):				
а	Management	200		200	
b	Legal	200.		200.	
С	Accounting	6,830.		6,830.	
d	, e E				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		46 104	205	0.05
	column (A), amount, list line 11g expenses on Sch 0.)	46,554.	46,104.	225.	225
12	Advertising and promotion	3,898.	3,898.	074	4 0 4 0
13	Office expenses	15,894.	10,771.	874.	4,249
14	Information technology	8,901.	8,253.	648.	
15	Royalties	16 250	12 110	2 010	400
6	Occupancy	16,358.	13,112.	2,818.	428
17	Travel	19,639.	10,735.	6,115.	2,789
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20					
21	Payments to affiliates	10 501	0 5 2 4	2 255	752
22	Depreciation, depletion, and amortization	12,531.	9,524.	2,255.	/54
3					
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Annual Dinner	23,438.	327.		23,111
b	Miscellaneous	7,198.	6,577.	502.	119
с	Summer Camps	6,464.	6,464.		
d	Telephone	4,118.	2,896.	1,110.	112
e					
25	Total functional expenses. Add lines 1 through 24e	673,438.	496,942.	54,726.	121,770
26	Joint costs. Complete this line only if the organization	-			•
	reported in column (D) joint costs from a combined				

132010 12-09-21

13571222 758989 19224.0

Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

10 2021.05010 MAGNIFIED GIVING Form 990 (2021)

	990 (i rt X	2021) Magnified Giving Balance Sheet		26-	3519081 Page 11
I a		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	76,401.	1	107,915.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	389,490.	3	293,970.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		<u> </u>	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 375,245			
	b	Less: accumulated depreciation 10b 77,620	310,156.	10c	297,625.
	11	Investments - publicly traded securities	910,750.	11	927,088.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	3,281.	14	3,125.
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,690,078.	16	1,629,723.
	17	Accounts payable and accrued expenses	19,403.	17	19,855.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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		25	
	26	Total liabilities. Add lines 17 through 25	19,403.	26	19,855.
(0		Organizations that follow FASB ASC 958, check here 🕨 🗴			
icei		and complete lines 27, 28, 32, and 33.			
alan	27	Net assets without donor restrictions	658,718.	27	654,069.
B	28	Net assets with donor restrictions	1,011,957.	28	955,799.
oun		Organizations that do not follow FASB ASC 958, check here			
гЪ		and complete lines 29 through 33.			
ts	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	1 600 969
Ne	32	Total net assets or fund balances	1,670,675.	32	1,609,868.
	33	Total liabilities and net assets/fund balances	1,690,078.	33	1,629,723.

Form 990 (2021)

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Form	1990 (2021) Magnified Giving	26-35	19081	Pad	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	741	L,6	39.
2	Total expenses (must equal Part IX, column (A), line 25)	2	673	3,43	38.
3	Revenue less expenses. Subtract line 2 from line 1	3	68	3,2	01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,670		
5	Net unrealized gains (losses) on investments	5	-129	9,0	08.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,609	9,8	68.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			37
	Act and OMB Circular A-133?		<u>3a</u>		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nar	ne	of t	he organization							identification number		
			Magn	ified Givin	ng					6-3519081		
Pa	art	L	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The	org	gani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1			A church, convention of chu	urches, or associatio	n of churches described	in sectio	n <b>170(b)(</b> 1	I)(A)(i).				
2			A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	ו 990).)						
3			A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
4			A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
			city, and state:									
5			An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
			section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6			A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	Σ	X       An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
			section 170(b)(1)(A)(vi). (C									
8			A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)						
9			An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
			or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or		
			university:									
10			An organization that normal	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from		
			activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
			income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.		
			See section 509(a)(2). (Cor	mplete Part III.)								
11			An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).				
12			An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
			more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> d	r section	509(a)(2).	See section &	509(a)(3). (	Check the box on		
			lines 12a through 12d that of	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
á	a		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
			the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting		
			organization. You must c	omplete Part IV, Se	ections A and B.							
ł	<b>b</b>		<b>Type II.</b> A supporting orga	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving		
			control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
			organization(s). You mus	t complete Part IV,	Sections A and C.							
C	>		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,		
	,		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ections A,	D, and E.				
C	k		<b>Type III non-functionally</b>	integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)		
			that is not functionally inter	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness		
			requirement (see instructi									
e	<b>)</b>		Check this box if the orga					Туре I, Туре	II, Type III			
			functionally integrated, or	51	nally integrated supportion	ng organiz	ation.					
1			r the number of supported o	•								
	<b>ј</b> Р		ide the following information ) Name of supported	about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other		
		(,	organization	(1) 2.14	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	,	support (see instructions)		
			-		above (see instructions))	165	NO		-			
Tot	al											

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Cale	ction A. Public Support						
Uait	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	452,396.	732,420.	602,126.	602,594.	685,052.	3074588.
2	Tax revenues levied for the organ-			-	-		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	452,396.	732,420.	602,126.	602,594.	685,052.	3074588.
	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)						1441388.
6	Public support. Subtract line 5 from line 4.						1633200.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	452,396.	732,420.	602,126.	602,594.	685,052.	3074588.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,708.	18,785.	21,863.	9,119.	44,867.	98,342.
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.)		7,297.	841.	3,432.	15.	11,585.
11	Total support. Add lines 7 through 10						3184515.
	Gross receipts from related activities,	etc. (see instructio	ins)			12	29,590.
10	First 5 years. If the Form 990 is for th	e organization's fir				01(c)(3)	-
13							
13	organization, check this box and stop	o nere					
	organization, check this box and stor ction C. Computation of Publi						
Se		c Support Per	centage			14	51.29 %
<b>Se</b> 14	ction C. Computation of Publi Public support percentage for 2021 (I	<b>c Support Per</b> ine 6, column (f), di	<b>centage</b> ivided by line 11, c	:olumn (f))		14 15	F1 C2
<b>Se</b> 14 15	ction C. Computation of Publi	<b>c Support Per</b> ine 6, column (f), d Schedule A, Part	<b>centage</b> ivided by line 11, c II, line 14	olumn (f))		15	51.63 %
<b>Se</b> 14 15	ction C. Computation of Publi Public support percentage for 2021 (I Public support percentage from 2020	<b>c Support Per</b> ine 6, column (f), d Schedule A, Part I organization did no	centage ivided by line 11, c II, line 14 t check the box or	olumn (f))		15 ore, check this box	51.63 %
<b>Se</b> 14 15 16a	Ction C. Computation of Public Public support percentage for 2021 (I Public support percentage from 2020 33 1/3% support test - 2021. If the c	<b>c Support Per</b> ine 6, column (f), d Schedule A, Part organization did no as a publicly supp	centage ivided by line 11, c II, line 14 t check the box or orted organization	olumn (f)) n line 13, and line 1	14 is 33 1/3% or m	15 ore, check this boy	51.63 % x and X
<b>Se</b> 14 15 16a	ction C. Computation of Publi Public support percentage for 2021 (I Public support percentage from 2020 33 1/3% support test - 2021. If the o stop here. The organization qualifies	c Support Per ine 6, column (f), d Schedule A, Part l organization did no as a publicly suppo organization did no	centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li	olumn (f)) n line 13, and line 1 ine 13 or 16a, and	14 is 33 1/3% or m line 15 is 33 1/3%	15 ore, check this boy or more, check thi	51.63 % x and is box
<b>Se</b> 14 15 16a	ction C. Computation of Publi Public support percentage for 2021 (I Public support percentage from 2020 33 1/3% support test - 2021. If the o stop here. The organization qualifies 33 1/3% support test - 2020. If the o	c Support Per ine 6, column (f), d Schedule A, Part l organization did no as a publicly supporganization did no ifies as a publicly s	centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li upported organiza	olumn (f)) n line 13, and line 1 ine 13 or 16a, and ition	14 is 33 1/3% or m line 15 is 33 1/3%	15 ore, check this box or more, check thi	51.63 % x and is box ► □
<b>Se</b> 14 15 16a	ction C. Computation of Public Public support percentage for 2021 (I Public support percentage from 2020 a 33 1/3% support test - 2021. If the c stop here. The organization qualifies a 33 1/3% support test - 2020. If the c and stop here. The organization qual	c Support Per ine 6, column (f), d Schedule A, Part l organization did no as a publicly support organization did no ifies as a publicly s - 2021. If the org	centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li upported organiza anization did not c	olumn (f)) In line 13, and line 1 Ine 13 or 16a, and Ition	14 is 33 1/3% or m line 15 is 33 1/3% 9 13, 16a, or 16b, a	15 ore, check this box or more, check thi and line 14 is 10% o	51.63 % x and is box por more,
<b>Se</b> 14 15 16a	ction C. Computation of Public Public support percentage for 2021 (I Public support percentage from 2020 a 33 1/3% support test - 2021. If the of stop here. The organization qualifies a 33 1/3% support test - 2020. If the of and stop here. The organization qual a 10% -facts-and-circumstances test	c Support Per ine 6, column (f), d Schedule A, Part I organization did no as a publicly support organization did no ifies as a publicly s - 2021. If the org s-and-circumstance	centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li upported organiza anization did not c es test, check this	n line 13, and line 1 ine 13 or 16a, and tion heck a box on line box and <b>stop he</b>	14 is 33 1/3% or m line 15 is 33 1/3% 9 13, 16a, or 16b, a re. Explain in Part	15 ore, check this box or more, check thi and line 14 is 10% o	51.63 % ≪ and is box por more, ration
Sec 14 15 16a t	ction C. Computation of Public Public support percentage for 2021 (I Public support percentage from 2020 a 33 1/3% support test - 2021. If the of stop here. The organization qualifies and stop here. The organization qual a 10% -facts-and-circumstances test and if the organization meets the fact	c Support Per ine 6, column (f), d Schedule A, Part I organization did no as a publicly suppor organization did no ifies as a publicly s - 2021. If the org s-and-circumstance st. The organizatio	centage ivided by line 11, c il, line 14 t check the box or orted organization t check a box on li upported organiza anization did not c es test, check this n qualifies as a pu	n line 13, and line 1 ine 13 or 16a, and tion heck a box on line box and <b>stop he</b> blicly supported o	14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a re. Explain in Part rganization	15 ore, check this box or more, check thi nd line 14 is 10% of VI how the organiz	51.63 % < and is box por more, ration ►□
Sec 14 15 16a t	ction C. Computation of Public Public support percentage for 2021 (I Public support percentage from 2020 a 33 1/3% support test - 2021. If the of stop here. The organization qualifies a 33 1/3% support test - 2020. If the of and stop here. The organization qual a 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test	c Support Per ine 6, column (f), d Schedule A, Part l organization did no as a publicly supporganization did no ifies as a publicly s - 2021. If the org s-and-circumstance st. The organizatio - 2020. If the org	centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li upported organiza anization did not c es test, check this n qualifies as a pu anization did not c	tolumn (f)) in line 13, and line 1 ine 13 or 16a, and tition theck a box on line box and <b>stop her</b> blicly supported or theck a box on line	14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a re. Explain in Part rganization e 13, 16a, 16b, or 1	<b>15</b> ore, check this boy or more, check thi and line 14 is 10% of VI how the organiz 7a, and line 15 is	51.63 % < and is box por more, ration ►□
Sec 14 15 16a t	ction C. Computation of Public Public support percentage for 2021 (I Public support percentage from 2020 a 33 1/3% support test - 2021. If the of stop here. The organization qualifies b 33 1/3% support test - 2020. If the of and stop here. The organization qual a 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test b 10% -facts-and-circumstances test	c Support Per ine 6, column (f), d Schedule A, Part l organization did no as a publicly support organization did no ifies as a publicly s - 2021. If the org s-and-circumstance st. The organizatio - 2020. If the org ne facts-and-circum	centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li oupported organiza anization did not c es test, check this n qualifies as a pu anization did not c astances test, check	column (f)) In line 13, and line 1 Ine 13 or 16a, and tition Heck a box on line blicly supported of Heck a box on line ck this box and <b>st</b>	14 is 33 1/3% or m line 15 is 33 1/3% 9 13, 16a, or 16b, a re. Explain in Part rganization 9 13, 16a, 16b, or 1 cop here. Explain in	<b>15</b> ore, check this boy or more, check this and line 14 is 10% of VI how the organiz 7a, and line 15 is a Part VI how the	51.63 % ≪ and is box bor more, ration ►□

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	ļ					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						_
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for th	0		,	,	()()	
check this box and stop here Section C. Computation of Public						
15 Public support percentage for 2021 (li			column (f))		15	%
<b>16</b> Public support percentage from 2020	, (),	, j	()/		16	%
Section D. Computation of Inves						70
17 Investment income percentage for 20			ine 13 column (f))		17	%
18 Investment income percentage from 2					18	%
<b>19a 33 1/3% support tests - 2021.</b> If the					· · · ·	
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2020. If the	-	-		• •		%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
132023 01-04-22						le A (Form 990) 2021
		15	)			

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

Yes No

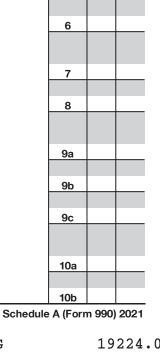
### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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Part IV	Supporting Or	ganizations (continued	d)

			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 Part VI.	11c		
Sec	tion 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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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</i>		
	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		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised or controlled the supporting organization	2	

	or controlled the sul	oporting organization.	
Section C. Ty	pe II Supporting	g 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the support of the suppo

Section D. All Type III Supporting Organizations			

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

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

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

<b>c</b> [	The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u>
------------	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

Schedule A (Form 990) 2021

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# n 990) 2021 Magnified Giving

Part V Type III Non-Functionally Integrated 509(a)(3) Support			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instruc			Part VI). See instruction
All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	1
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	ally integrator		nization (soo

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

Schedule A (Form 990) 2021

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e Excess from 2021

	dule A (Form 990) 2021 Magnified Giv				6-3519081 Page 7	
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	1		10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
e	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 Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2017					
b	Excess from 2018					
с	Excess from 2019					
d	Excess from 2020					

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Schedule A		2021

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Part VI	<b>Supplemental Information.</b> Provide the explanations Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, a (See instructions.)	11a. 11b. and 11c: Part IV. Section B. lines	s 1 and 2: Part IV. Section C.
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01020 01-04-2		20	

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

\*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

26-3519081

Magnified	Giving

<b>o</b> <i>n</i> (	
Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$  b \$

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

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

Schedule B (Form 990) (2021)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>    1</u>		\$30,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$21,130.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		Total contributions	Type of contribution         Person       X         Payroll
No. 4 (a)	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 4 (a) No.	Name, address, and ZIP + 4	Total contributions         \$       50,000.         (c)         Total contributions	Type of contribution         Person       X         Payroll
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4           (b)           Name, address, and ZIP + 4           (b)           Name, address, and ZIP + 4	Total contributions         \$       50,000.         (c)       (c)         Total contributions       \$         \$       25,000.         (c)       (c)	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X       Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution       Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

# Magnified Giving

Employer identification number

26-3519081

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13571222 758989 19224.0

Schedule B (Form 990) (2021)

Name of organization

Part I

Page **2** 

	No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No.         Name, address, and ZIP + 4         Total contributions         Type of contribution           8	7		\$ <u>50,000.</u>	Payroll Noncash (Complete Part II for
8				
No.         Name, address, and ZIP + 4         Total contributions         Type of contribution           9		Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for
9				
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       10				Person X Payroll Noncash (Complete Part II for
10       \$ 50,000.       Person X         Payroll       Payroll       Payroll         (a)       (b)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Type of contribution         (a)       (b)       (c)       (d)       Type of contribution         (a)       Name, address, and ZIP + 4       Total contributions       Person Payroll         (c)       (c)       (d)       Noncash       Person (C)         (a)       (b)       (c)       (d)       Noncash       Payroll         (a)       (b)       (c)       (d)       Noncash contributions.)         (a)       (b)       (c)       (d)       Type of contribution         (a)       Name, address, and ZIP + 4       Total contributions       Person Payroll         (a)       Name, address, and ZIP + 4       Total contributions       Person Payroll         (a)       Name, address, and ZIP + 4       Total contributions       Person Payroll         (b)       (c)       (c)       (d)       Type of contribution         (b)       (c)       (c)       (d)       Noncash       Person Payroll         (Complete Part II for noncash contributions.)       schedule B (f				
No.       Name, address, and ZIP + 4       Total contributions       Type of contribution		Name, address, and ZiP + 4		Person X Payroll Noncash (Complete Part II for
Image: second	(a)	(b)	(c)	
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution	<u>No.</u>	Name, address, and ZIP + 4		Person Payroll Noncash (Complete Part II for
24				Person Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Part I

(a)

Magnified Giving

Employer identification number

(d)

26-3519081

(c)

19224.01

2021.05010 MAGNIFIED GIVING

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Magnif	fied Giving		26-3519081		
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$	_		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

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Schedule B (Form 990) (2021)

Employer identification number

### Schedule B (Form 990) (2021)

Name of organization

Name of o	rganization		Employer identification number
Magnii	fied Giving		26-3519081
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns ( completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	(a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee
-			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Purpose of gift	(c) Use of gift	
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
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SCHEDULE	D
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Department of the Treasury

Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

_	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accou	nts. Complete if the	he
	organization answered "Yes" on Form 990, Part IV, line			1	
		(a) Donor advised funds	(b) Fu	nds and other accou	unts
1	Total number at end of year				
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 w		vised funds		
	are the organization's property, subject to the organization's e	•		Yes	
6	Did the organization inform all grantees, donors, and donor ad	-			
	for charitable purposes and not for the benefit of the donor or	• •			
	impermissible private benefit?			Yes	<b>N</b>
Pa	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990	), Part IV, line 7		
1	Purpose(s) of conservation easements held by the organizatio				
	Preservation of land for public use (for example, recreation		of a historically	important land area	a
	Protection of natural habitat	·		istoric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the forr	n of a conserva	ation easement on th	he last
	day of the tax year.			Held at the End of th	
а	Total number of conservation easements		2a		
b					
c	Number of conservation easements on a certified historic stru-				
d	Number of conservation easements included in (c) acquired af				
	listed in the National Register				
3	Number of conservation easements modified, transferred, rele			during the tax	
	year ►		0	0	
4	Number of states where property subject to conservation ease	ement is located			
4	Number of states where property subject to conservation ease				
5	Doos the organization have a written policy regarding the pari		f		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o		Vac	
_	violations, and enforcement of the conservation easements it	odic monitoring, inspection, handling o holds?			
5 6		odic monitoring, inspection, handling o holds?		······	
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h	odic monitoring, inspection, handling o holds?	nservation eas	ements during the y	
_	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h Amount of expenses incurred in monitoring, inspecting, handle	odic monitoring, inspection, handling o holds?	nservation eas	ements during the y	
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6	violations, and enforcement of the conservation easements it is Staff and volunteer hours devoted to monitoring, inspecting, h Amount of expenses incurred in monitoring, inspecting, handle \$ Does each conservation easement reported on line 2(d) above	odic monitoring, inspection, handling o holds? handling of violations, and enforcing co ing of violations, and enforcing conser e satisfy the requirements of section 17	nservation ease vation easemer 0(h)(4)(B)(i)	ements during the y	ear
6 7 8	violations, and enforcement of the conservation easements it is Staff and volunteer hours devoted to monitoring, inspecting, h Amount of expenses incurred in monitoring, inspecting, handli \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	odic monitoring, inspection, handling of holds? nandling of violations, and enforcing co ing of violations, and enforcing conserve e satisfy the requirements of section 17	nservation ease vation easemer 0(h)(4)(B)(i)	ements during the year	ear
6 7 8	violations, and enforcement of the conservation easements it is Staff and volunteer hours devoted to monitoring, inspecting, here Amount of expenses incurred in monitoring, inspecting, handli \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	odic monitoring, inspection, handling of holds? nandling of violations, and enforcing co ing of violations, and enforcing conser- e satisfy the requirements of section 17 n easements in its revenue and expense	nservation ease vation easemer 0(h)(4)(B)(i) se statement ar	ements during the year	ear
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6 7 8 9	<ul> <li>violations, and enforcement of the conservation easements it is Staff and volunteer hours devoted to monitoring, inspecting, inspecting, inspecting, handle</li> <li>Amount of expenses incurred in monitoring, inspecting, handle</li> <li>\$</li></ul>	odic monitoring, inspection, handling of holds? inandling of violations, and enforcing conser- e satisfy the requirements of section 17 in easements in its revenue and expension to the organization's financial state <b>Art, Historical Treasures, or (</b>	nservation easemer vation easemer 0(h)(4)(B)(i) se statement ar ments that des	ements during the year ts during the year Yes d cribes the	ear
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6 7 9 <b>Pa</b> 1a b	violations, and enforcement of the conservation easements it is Staff and volunteer hours devoted to monitoring, inspecting, here is a mount of expenses incurred in monitoring, inspecting, handlise \$	odic monitoring, inspection, handling of holds? nandling of violations, and enforcing con- ing of violations, and enforcing conser- e satisfy the requirements of section 17 on easements in its revenue and expens- bote to the organization's financial state <b>Art, Historical Treasures, or (</b> 990, Part IV, line 8. 3, not to report in its revenue statement lic exhibition, education, or research in cial statements that describes these ite 3, to report in its revenue statement and exhibition, education, or research in fu	nservation easemer vation easemer 0(h)(4)(B)(i) se statement ar ments that des <b>Other Simila</b> : and balance s furtherance of ems. d balance shee rtherance of pu	ements during the year  ts during the year  Yes  r Assets.  heet works public t works of blic service,	
6 7 9 <b>Pa</b> 1a b	violations, and enforcement of the conservation easements it is Staff and volunteer hours devoted to monitoring, inspecting, here is a mount of expenses incurred in monitoring, inspecting, handle and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 4. If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance if the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures are the following amounts required to be reported under FASB ASC 958 art, historical received or held works of art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	odic monitoring, inspection, handling of holds? nandling of violations, and enforcing con- ing of violations, and enforcing conser- e satisfy the requirements of section 17 on easements in its revenue and expens- bote to the organization's financial state <b>Art, Historical Treasures, or (</b> 990, Part IV, line 8. 3, not to report in its revenue statement lic exhibition, education, or research in cial statements that describes these ite 3, to report in its revenue statement and exhibition, education, or research in fu- sures, or other similar assets for financial SC 958 relating to these items:	Anservation easemer (ation easemer (h)(4)(B)(i) See statement ar ments that des (b)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	ements during the year	
6 7 8 9 <b>Pa</b> 1a b 2 2	violations, and enforcement of the conservation easements it is Staff and volunteer hours devoted to monitoring, inspecting, here is a conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 4. If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance if the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	odic monitoring, inspection, handling of holds? mandling of violations, and enforcing con- ing of violations, and enforcing conser- e satisfy the requirements of section 17 in easements in its revenue and expens- bote to the organization's financial state <b>Art, Historical Treasures, or (</b> 990, Part IV, line 8. 3, not to report in its revenue statement lic exhibition, education, or research in cial statements that describes these ite 3, to report in its revenue statement and exhibition, education, or research in fu exhibition, education, or research in fu	Ation easemer (ation easemer (h)(4)(B)(i) See statement ar ments that des <b>Dther Simila</b> and balance s furtherance of sems. d balance shee therance of pu ial gain, provid	ements during the year  ts during the year  Yes  r Assets.  heet works public t works of blic service,	

Sche		ed Giving				26-35	19081	L Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar	· Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the t	ollowing that make	significant u	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
c Preservation for future generations									
<ul> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> </ul>									
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simila	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" o	n Form 990	, Part IV, I	ine 9, or		
10	•		on for contribution	ar athar accate no	tipoludod				
1a	Is the organization an agent, trustee, custodi						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						_ 165		
D D			owing table.				Amoun	t	
c	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
	Ending balance								
	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.								1
Par									<u>-</u>
	·	(a) Current year	(b) Prior year	(c) Two years back		ears back	(e) Four	years	back
1a	Beginning of year balance	604,207.	384,882.	275,710.	. 1	43,245.		100,	578.
	Contributions	100,399.	100,000.	100,000.	. 1	02,866.		25,	000.
	Net investment earnings, gains, and losses	-70,699.	119,325.	9,172.				17,	667.
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance	633,907.	604,207.	384,882.	. 2	46,111.		143,	245.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a	) held as:	•				
а	Board designated or quasi-endowment	.0000	%	,					
	Permanent endowment  .0000	%	_						
	100	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse		tion that are held ar	nd administered for	the organiza	ation			
	by:	C C			U U		[	Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part >	(, line 10.				
	Description of property	(a) Cost or of	her (b) Cost	or other (c)	Accumulate	ed 🛛	( <b>d</b> ) Boo	k value	э
		basis (investm	· ·	. ,	epreciation				
1a	Land			9,650.				9,6	
b	Buildings			7,330.	42,27			5,00	
с	Leasehold improvements		7	0,940.	29,66			1,27	
	Equipment			7,325.	5,68	38.		1,63	37.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		(. column (B). line 1	0c.)			29'	7,62	25.
					:	Schedule	D (Forn	1 990)	2021

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Part VII Investm	ients - O	ther Securities	
Schedule D (Form 990)	2021	Magnified	Giving

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	Complete if the organization answered "Yes"	1		
(a) Desc	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
,	cial derivatives			
	ly held equity interests			
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
tal. (Col	. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part V	II Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(8)</u> (9)				
(9)	(b) must equal Form 990 Part X col (B) line 13 )			
(9)	(b) must equal Form 990, Part X, col. (B) line 13.)			
<b>(9)</b> otal. (Col	Other Assets.	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
<b>(9)</b> otal. (Col	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15	
(9) otal. (Col Part IX	Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15	. (b) Book value
(9) otal. (Col Part IX (1)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15	
(9) otal. (Col Part IX (1) (2)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15	
(9) otal. (Col Part IX (1) (2) (3)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15	
(9) ital. (Col Part IX (1) (2) (3) (4)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15	
(9) tal. (Col Part IX (1) (2) (3) (4) (5)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15	
(9) tal. (Col Part IX (1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15	
(9) tal. (Col Part IX (1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15	
(9) tal. (Col Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15	
(9) tal. (Col Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a)	Description		
(9) tal. (Col Part IX (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) otal. (Co	Complete if the organization answered "Yes" (a)	Description		
(9) tal. (Col Part IX (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (2)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description		(b) Book value
(9) tal. (Col Part IX (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) otal. (Co	Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description		(b) Book value
(9) tal. (Col art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Cc art X	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(9) tal. (Col part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) F	Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description		(b) Book value
(9) tal. (Col cart IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Cc art X	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(9) tal. (Col part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) tal. (Col part IX (1) F	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(9) tal. (Col part IX (art IX (2) (3) (4) (5) (6) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (7) (8) (7) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(9) tal. (Col part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (6) (7) (8) (9) (9) (1) F (2) (1) F (2) (3)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(9) tal. (Col part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) ptal. (Cc part X (9) (9) (1) F (2) (3) (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(9) tal. (Col 2art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Co 2art X (9) otal. (Co 2art (X) (1) F (2) (3) (4) (3) (4) (5) (3) (4) (5) (3) (4) (5) (3) (4) (5) (6) (6) (7) (6) (7) (8) (9) (9) (9) (1) (2) (3) (4) (3) (4) (3) (4) (5) (6) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (6) (7) (6) (7) (7) (6) (7) (6) (7) (7) (6) (7) (6) (7) (7) (6) (7) (7) (6) (7) (7) (6) (7) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

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Sche	dule D (Form 990) 2021 Magnified Giving			26-3	3519081 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	s With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	612,631.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-129,008.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d		2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	-129,008.
3	Subtract line 2e from line 1			3	741,639.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	741,639.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	ts Wit	h Expenses per F	Returr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	673,438.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	673,438.
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	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	673,438.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### Part V, line 4:

Building maintenance and program sustainabilty.

Part X, Line 2:

The Organization is exempt from income taxes under Section 501 of the

Internal Revenue Code and a similar provision of Ohio Law. However, the

Organization is subject to federal income tax on any unrelated business

taxable income.

The Organization's IRS Form 990 is subject to review and examination	The	Organization'	S	IRS	Form	990	is	subject	to	review	and	examination	ł
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federal and state authorities. The Organizations believes it has

appropriate support for any tax positions taken, and therefore, does not

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Schedule D (Form 990) 2021

13571222 758989 19224.0

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Schedule D	(Form 990) 2021	Magnified	Giving
Dort VIII	Supplemental	Information	

	31	hhiell			ontinued	a)						
have	any	unc	ertain	income	tax	positions	that	are	material	to	the	financial
state	emen	ts.										
											Sched	lule D (Form 990) 202

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SCHEDULE I (Form 990)		Complexity Complexity	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States <sup>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22</sup> .	er Assistand d Individual answered "Yes"	Other Assistance to Organizations, , and Individuals in the United State <sup>zation answered</sup> "Yes" on Form 990, Part IV, line 21 o	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form 990. s.gov/Form990 for the Is	<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	ation.		Open to Public Inspection	0
Name of the organization	n Magnified	Givina						Employer identification number 26 – 3519081	ber 31
Part I General Inf	General Information on Grants and Assistance	d Assistance							
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants o	or assistance, the c	jrantees' eligibility	for the grants or assis	stance, and the selection		_:
Criteria used to aw Describe in Darf IV	criteria used to award the grants or assistance?	ance?	the use of arant fi	creat funds in the United States	Ctatae	· · · · · · · · · · · · · · · · · · ·		Yes	No
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments.	omestic Organiz	ations and Domestic		omplete if the orga	nization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	: IV, line 21, for any	
1	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if additio						
1 (a) Name and add or gove	1 (a) Name and address of organization or government	(a)	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
Yellow Ribbon Support Center 4326 Mt. Carmel Tobasco Road Cincinnati OH 45244	ort Center Dasco Road 44	45-3610096	501 (c) (3)	9 376 8	C			Genera] Prodram	
10+ 110 (+1001111)	4			• • •				1100 H H H H H H H H H H H H H H H H H H	
Pets for Patients 324 Warren Avenue Cincinnati, OH 45220	20	81-3299654	501(c)(3)	8,153.	0			General Program	
1N5 5030 Oaklawn Drive Cincinnati, OH 45227	27	27-3346632	501(c)(3)	7,125.	0.			General Program	
Care Closet 801 York Street, 3 Newport, KY 41075	3rd Floor	81-1803478 501(c)(3)	501(c)(3)	5,546.	0.			General Program	
2 Enter total numbe 3 Enter total numbe	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	d government org listed in the line 1	anizations listed in the table	line 1 table					4.
⊲	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2021	021

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Schedule I (Form 990) 2021 Magnified Giving	g				26-3519081 Page 2
<b>ier Assist</b> a Iuplicated i	. Complete if the	organization answe	sred "Yes" on Form 99	0, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, line	e 2; Part III, column	(b); and any other add	litional information.	
Part I, Line 2:					
We request grant applications from	a11	ities by t	charities by the students		
participating in Magnified Giving.	the win	wining charities	ies complete	e a	
feedback form upon receipt of their	r grant.	We have a	list of	501(c)3's	
that are approved as legal nonprofit		zations be	organizations before they can win	tan win a	
grant from our participating schools	1s.				

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Schedule I (Form 990) 2021

SCHEDULE O (Form 990)



26-3519081

Magnified Giving

Form 990, Part I, Line 1, Description of Organization Mission:

in youth philanthropy education.

Form 990, Part VI, Section B, line 11b:

The governing body reviews the 990 before filing.

Form 990, Part VI, Section B, Line 12c:

Each board member is required to review and confirm compliance with the

policy annually.

Form 990, Part VI, Section B, Line 15a:

Board approval is required and comparability data is utililized.

Form 990, Part VI, Section C, Line 19:

All documents and financial statements are available to the public upon

request and we update our profiles on Guide Star, BBB and Charity

Navigator.

Form 990, Part XII, Line 2c:

The Finance Committee assumes responsibility for the oversight of the

audit of its financial statements and selection of an independent

accountant.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021