Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	e 2021 calen	dar year, or tax year beginning 01/01/2021 and ending			12/31/2	2021	-
в	Check if	f applicable:	C Name of organization VISION OF COMMUNITY FELLOWSHIP INC				D Empl	oyer identification number
	Address	s change	Doing business as			20-5874204		
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)		E Telepł	none number		
	Initial re	turn	325 Washington Ave S Suite 107					206-335-4198
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amende	ed return	Kent, WA 98032		G Gross	receipts \$ 485,477		
	Applicat	tion pending	F Name and address of principal officer: Randall Hoag	s this a gro	oup return fo	or subordinates? 🗌 Yes 🗹 No		
			5130 S 214th Way, Kent, WA 98032		H(b) A	Are all su	ubordinat	es included? 🗌 Yes 🗌 No
<u> </u>	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527		lf "No	," attacl	n a list. Se	ee instructions.
J	Website	e: 🕨 www.vo	ocf.org		H(c) (Group e	kemption	number 🕨
κ	Form of	organization: 🗸	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	nation:	20	006	M State	of legal domicile: KY
Ρ	art I	Summa	ry					
	1	Briefly des	cribe the organization's mission or most significant activities: Vision	n of C	omm	nunity	Fellows	hip is a non-profit
ce		organizatio	on called to help people, leaders, and communities experience sustaina	ble tra	ansfo	ormatio	on in the	e USA and world.
Activities & Governance								
veri	2	Check this	box \blacktriangleright if the organization discontinued its operations or dispose	ed of r	nore	than	25% of	its net assets.
ŝ	3	Number of	voting members of the governing body (Part VI, line 1a)				3	3
<u>م</u>	4		independent voting members of the governing body (Part VI, line 1)	,			4	2
ties	5	Total numb	per of individuals employed in calendar year 2021 (Part V, line 2a)				5	3
ť	6	Total numb	per of volunteers (estimate if necessary)				6	0
Ac	7a	Total unrel		7a	0			
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11				7b	0
					Pri	ior Yea	r	Current Year
e	8	Contributio	ons and grants (Part VIII, line 1h)			372,308		481,970
nue	9	Program se	ervice revenue (Part VIII, line 2g)				0	0
Revenue	10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)				1,007	3,507
ш	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0	0
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)			3	73,315	485,477
	13	Grants and	I similar amounts paid (Part IX, column (A), lines 1–3)			1	11,085	211,072
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)				0	0
S	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5–10)			1	84,036	192,500
nse	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)				0	0
Expenses	b	Total fundr	aising expenses (Part IX, column (D), line 25) ►0					
Ш	17	Other expe	enses (Part IX, column (A), lines 11a–11d, 11f–24e)				67,763	44,704
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)			3	62,884	448,276
	19	Revenue le	ess expenses. Subtract line 18 from line 12				10,431	37,201
or				Begi	nning	of Curr	ent Year	End of Year
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)			2	77,073	315,223
t As d Ba	21	Total liabili	ties (Part X, line 26)				2,563	3,512
-		Net assets	or fund balances. Subtract line 21 from line 20			2	74,510	311,711
Pa	art II	Signatu	re Block					

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

Sign Here	Signature of officer Randall Hoag, President	Di	Date				
Paid	Type or print name and title Print/Type preparer's name	te	Check if if self-employed	PTIN			
Preparer Use Only	Firm's name	Firi	Firm's EIN ►				
Use Only	Firm's address ►	Ph	Phone no.				
May the IRS	discuss this return with the pre	eparer shown above? See instruction	ons			Ves	No
	de De des d'as Ant Marthe anno de d					- 0	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2021) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Vision of Community Fellowship is a nonprofit organization called to help people, leaders, and communities experience
	sustainable transformation in the USA and world.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 397,247 including grants of \$ 211,527) (Revenue \$ 485,476) VOCF provided grants for community development projects in 10 countries. VOCF also provided training to community workers and leaders who work in over 15 nations. VOCF provided leadership and management services to Food for the Hungry International Federation. Finally, VOCF developed a new pilot program called Farming-led VOC.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
10	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses 397,247

Form 99	D (2021)		I	Page 3
Part	V Checklist of Required Schedules			
	Is the experimetion described in section $E(1/2)/2$ or $40.47/2/(1)$ (other then a private foundation)? If "Vec "		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	~	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		~
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	~	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

Form 99	0 (2021)		I	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		-
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		-
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		~
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		~
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		~ ~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31 32		v v
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		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		/
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 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	37		
Part	V Statements Regarding Other IRS Filings and Tax Compliance	38	~	
	Check if Schedule O contains a response or note to any line in this Part V	 	Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	~	

Page 4

22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2 3 b flat least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b ✓ 33 Did the organization have unrelated business grass income of \$1,000 or more during the year? 3a 3a 4a 4 At any time during the classiness grass income of \$1,000 or more during the year? 3a 3a 3a 54 Did the organization and early ear, did the organization have an interest in, or a signature or other authority over, a financial account? 3a <	Form 99			F	Page 5
Statements, filed for the calendar year ending with or within the year covered by the statum 21 3 Here if the sum of lines 2, ald the organization file organization files are purchased to e-file. See instructions. 28 4 A bott the organization files are unrelated basiness gross income of \$1,000 or more during the year? 30 </th <th>Part</th> <th>V Statements Regarding Other IRS Filings and Tax Compliance (continued)</th> <th></th> <th>Yes</th> <th>No</th>	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 4 If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3a 4 A tery inter during the calculated year, dd the organization have an interest in, or a signature or other authority over, a financial account? If a transmitter or the foreign country (such as a bank account, securities account, or other financial account? FER. 5 Was the organization an party to a prohibited tax shelter transaction at any time during the tax year? 5a 6 Does the organization infer of B886-T? 5a 6 Does the organization induct were not sud declucible as charitable contributions? 5a 7 Organization that may receive deductible contributions? 5b 8 Did the organization include with ever so subication an express statement that such contributions? 6b 7 Organizations that may receive deductible contributions? 7c 7 Toganization include with ever not sud declubible activity. 7c 7 Organization subt any contains on the necess of 37.5 made party as a contribution and party for good? 7c 7 Toganization sub	2a				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-#i6. See instructions. Image: See instructions for ling requirements for Find See instructions. Image: See instructions for ling requirements for Find See instructions. Image: See instructions for ling requirements for Find See instructions. Image: See instructions for ling requirements for Find See instructions. Image: See instructions for ling requirements for Find See instructions. Image: See instructions for ling requirements for Find See instructions. Image: See instructions for ling requirements for Find See instructions. Image: See instructions for ling requirements for Find See instructions. Image: See instructions for ling were and the doment for See and the approximate instructions. Image: See instructions for ling were and the doment for See and the approximate instructions. Image: See instructions for ling were receive deductible contributions under section 170(c). Image: See instructions for ling were receive deductible contributions under section 170(c). Image: See instructions for ling were receive deductible contributions under section 170(c). Image: See instructions for ling were receive deductible contributions under section 170(c). Image: See instructions for ling were see instructions approximate in the dom for the value of th	b		2b	V	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a b If "Yes," has it filed 3 comes 90-7 for this year? If "More ines 3b, provide an explanation on Schedula 0 4a 4a 4a at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year, each state of the foreign country year, each state of the foreign country year, each state of the foreign country year, and the organization that the a bank account, securities account, or other financial account if a foreign Bank and Financial Accounts (FEAR). 5a b If "wes," enter the name of the foreign country year, each state of the organization file form 3880-77. 5b 5a 5b Obdit any taxable party notify the organization file form 3880-77. 5c 5c 6b Obdit he organization induce with ever oxits a deductible contributions of the ronganization state any enceive deductible contribution and explore state and state of the partial control to the organization state any enceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b c Did the organization state any payment in excess of \$75 made partly as a control to organization state any trans \$282 filed during the year 7d 7b Did the organization notify the door of the value of the organization file form 3828 are required. 7d 7c			-		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other automity over, an interaction account, is or other financial account? 4a b If "Yes," enter the name of the foreign country built of the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party not prohibited tax shelter transaction? 5a c The organization aparty to a prohibited tax shelter transaction? 5a c Does the organization aparty contributions that were not tax deductibles at calculutibles at ordauitations of the organization aparts on prohibitions that were not tax deductibles? 5b c Does the organization aparts the prohibitions that were not tax deductibles? 7b c Did the organization aparts the prohibitions that were not tax deductibles? 7b d) The organization aparts the prohibitions that were not tax deductibles? 7b d) Did the organization notify the donor of the value of the goods or services provided? 7b d) If "Yes," did the organization notify the donor of the value of the value of the sace notify, the organization file Porm 8282? 7c d) If "Yes," did the organization notify the donor of the value of the organization file Porm 8282? 7c d) If "Yes," did the organization apoling the year performus, ditectly or indire	3a		3a		~
a financial accountly in a foreign country b 4a 4a b If "Yes," enter the name of the foreign country b 5e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5w Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization file from 8886-T? 5b c If "Yes," to line 5a or 5b, did the organization file from 8886-T? 5b d If "Yes," do the organization notify the organization file from 8886-T? 5b d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c 7 Organization schele a payment in excess of 35 made party as a contribution and party for goods and services provided to the payo? 7a d If "Yes," indicate the number of Forms 8282 filed during the year 7d d If "Yes," indicate the number of Forms 8282 filed during the year 7d d If "Yes," indicate the number of Forms 8282 filed during the year? 7d d If "Yes," indicate the number of Forms 8282 filed during the year? 7d 7d 7d 7d 7d 7d 7d 7d 7d 7d 7d 7d 7d 7d	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
b If "Yes," enter the name of the foreign country - See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). SW as the organization a party to a prohibited tax shelter transaction at any time during the tax year? b) Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ff "Yes," of the organization aparty to a prohibited tax shelter transaction? ff "Yes," did the organization tawe not tax deductibles activatible contributions? ff "Yes," did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? c Did the organization shet may receive deductible contributions under section 170(c). a) Did the organization shet, may receive deductible activation and party for which it was required to file Form 8282? reguired to file form 8282? Td d) H "Yes," indicate the number of Forms 8282 filed during the year Td for the organization receive any during, directly or indirectly, on a personal benefit contract? Tf f) Did the organization receive any during, directly or indirectly, on a personal benefit contract? Tf f) H to organization receive any during, directly or indirectly, on a personal benefit contract? Tf f) H to organization receive any during, directly or indirectly, on a personal benefit contract? Tf	4a				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b b) Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c c) Descent to erganization a new annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c 0 Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d 0 Organization notify the donor of the value of the goods or services provided? 7d 0 Did the organization notify the donor of the value of the goods or services provided? 7d 0 Did the organization and the donor of the value of the goods or services provided? 7d 0 Did the organization and the donor of the value of the goods or services provided? 7d 11 TYes," indicate the number of Forms 8228 file during the year 7d 11 Tyes," indicate a contribution of actectly or indirectly, on a personal benefit contract? 7f 11 Tyes, maintaining donor advised funds. 1d 11		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a charitable contributions? 6a 6a 6a 7 Organization tatu gross receipts that are normally greater than \$100,000, and did the organization roceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 6a	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b sc c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c sc b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions or diffs were not tax deductible as charitable contributions? ft b If "Yes," idit the organization include with every solicitation an express statement that such contributions or diffs were not tax deductible? ft 7 Organizations that may receive deductible contributions under section 170(c). Did the organization notify the donor of the value of the goods or services provided? ft b If "Yes," indicate the number of Forms 8282 filed during the year ft 7d 7c c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t 7t ft "Yes," indicate the number of Forms 8282 filed during the year ft 7d 7c d If "Yes," indicate the number of Forms 8282 filed during the year indirectly or andirectly or form formalization file Form 8089 as	_				
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 115	12a		12a		
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 c Enter the amount of reserves on hand	b				
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 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 					
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 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 	15		4 5		
 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 			15		~
 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 	16		16		V
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	10		10		•
	17				
	-		17		
If "Yes," complete Form 6069.			-		

Form **990** (2021)

Part	V Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ir	nstruc	tions
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3 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.	-	Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6 7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b 9	レ レ	~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	-	ode.)	-
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	~	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done.</i>	12b	~	
13	Did the organization have a written whistleblower policy?	12c 13	~	~
14	Did the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-	
а	The organization's CEO, Executive Director, or top management official	15a	~	
b	Other officers or key employees of the organization	15b		~
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10-		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a 16b		
Secti	on C. Disclosure	1.50	I	1
17 18	List the states with which a copy of this Form 990 is required to be filed KY, WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion (501(c

	Own website	Another's	website	Jpon request	U Othe	er (explain o	on Schedule (0)	
19	Describe on Sched	ule O whether	(and if so, how) th	ne organization	made its	governing	documents,	conflict o	of inter

rest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records >

Form 990 (2021)

Page 6

Randall Hoag, (206)335-4198

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

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

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

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

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

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

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

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

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

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

				(0	C)					
(A) Name and title	(B) Average hours per week	box, u office	unles	neck is pe d a d	rson	e than o is both or/trust	n an tee)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
Randall Hoag	50.00									
President				~				72,000	0	72,000
Rosario Schulz	0.00									
Board member		~						0	0	0
Tuksu Koo	0.00									
Board member		~						0	0	0

Part	VI Section A. Officers, Directors, 1	Highest Compensated Employees (continued)												
	(C)													
	(A) (B) ,								(D)	(E)			(F)	
							e than c							
	Name and title	Average hours					is both		Reportable compensation	Report compen			ed amo other	bunt
		per week	-	-		-	or/trust	<u> </u>	from the	from re		-	ensatio	on
		(list any	Individual t or director	Inst	Officer	Key employee	Hig	Former	organization (W-2/	organizatio			m the	
		hours for	lire	İt	cer	en	bloy	me	1099-MISC/	1099-N		organiz		
		related organizations	ct al	i on		g	ree cc	 	1099-NEC)	1099-1	NEC)	related o	rganiza	itions
		below	, trus	altr		yee	mp							
		dotted line)	Individual trustee or director	Institutional trustee			ens							
				ee			Highest compensated employee							
							<u>a</u>							
		+	-											
			1											
		+	-											
			_											
			1											
		+	-											
			-											
]											
			1											
		+	-											
1b	Subtotal		• •	·	·	• •	• •		72,000		0		72	2,000
С	Total from continuation sheets to Part			•	•	•								
d	Total (add lines 1b and 1c)								72,000		0		72	2,000
2	Total number of individuals (including but	t not limited	d to th	iose	e list	ted	above	e) w	ho received mor	e than \$1	00,000	of		
	reportable compensation from the organi	ization 🕨							0					
	· · · ·								v				Yes	No
3	Did the organization list any former of	officar dir	ootor	tru	oto	~ L		mnl	lovoo or highor	t compo	neatod		100	
3	employee on line 1a? If "Yes," complete s									-	IISaleu			
								• •			• •	3		~
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater th	an \$	150,	000)? [f "Yes	s,"	complete Sched	dule J fo	or such			
	individual											4		~
5	Did any person listed on line 1a receive of	or accrue co	eamc	nsa	tion	fro	m anv	' un	related organizat	ion or ind	dividual			
	for services rendered to the organization											5		~
Saati	_	, -	- 1-						I			5		-
	on B. Independent Contractors		'	!	ا م ا				where the set				00.00	0 - 1
1	Complete this table for your five high													
	compensation from the organization. Rep	ort compen	Isatio	1 10	r the	e ca	iendai	r ye	ar ending with or	within th	e orgar	ization's	s tax y	/ear.
	(A)								(B)			(C)		
	Name and business add	lress							Description of serv	vices		Compensa	ation	
None														
								-						

2	Total number of independent contractors (including but not limited to those listed above) who	
	received more than \$100,000 of compensation from the organization \blacktriangleright 0	

Part VIII Statement of Revenue

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

		· · · ·	(A)	(B)	(C)	(D)
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns 1a 0				
an	b	Membership dues 1b 0	-			
Contributions, Gifts, Grants, and Other Similar Amounts	С	Fundraising events 1c 0				
fts,	d	Related organizations 1d 0				
oila Gi	е	Government grants (contributions) 1e 0				
Sin Sin	f	All other contributions, gifts, grants,				
utio Ier		and similar amounts not included above 1f 481,970				
oth	g	Noncash contributions included in				
ut o		lines 1a–1f 1g \$ 0				
<u>a</u> õ	h	Total. Add lines 1a–1f	481,970			
~		Business Code				
Program Service Revenue	2a					
le e	b					
jram Ser Revenue	С					
ran Tev	d					
Во	е					
д	f	All other program service revenue				
	g	Total. Add lines 2a–2f	0			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	3,507	3,507	0	0
	4	Income from investment of tax-exempt bond proceeds	0	0	0	0
	5	Royalties	0	0	0	0
	-	(i) Real (ii) Personal	-			
	6a	Gross rents 6a	-			
	b	Less: rental expenses 6b	-			
	С	Rental income or (loss) 6c 0 0				
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other	_			
		sales of assets other than inventory 7a				
	h		-			
anu	b	Less: cost or other basis and sales expenses . 7b				
Revenue	_		-			
Be	ר ה	Gain or (loss) 7c 0 0				
7	d	Net gain or (loss)				
Othe	8a	Gross income from fundraising				
•		events (not including \$0 of contributions reported on line				
		1c). See Part IV, line 18 8a				
	b	Less: direct expenses 8b	-			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming				
		activities. See Part IV, line 19 . 9a				
	b	Less: direct expenses 9b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances 10a				
	b	Less: cost of goods sold 10b	-			
	С	Net income or (loss) from sales of inventory				
S		Business Code				
Miscellaneous Revenue	11a					
scellaneo Revenue	b					
eve	с					
л В щ	d	All other revenue				
Σ	е	Total. Add lines 11a–11d	0			
	12	Total revenue. See instructions	485,477	3,507	0	0
						Form 990 (2021)

	30 (2021) IX Statement of Functional Expenses				Page 1
	on 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All o	other organizations r	nust complete colun	nn (A).
	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	211,072	211,072		
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	72,000	64,800	7,200	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	96,000	96,000		
9	Other employee benefits	9,528	8,575	953	
10	Payroll taxes	14,972	13,475	1,497	
11 a	Fees for services (nonemployees): Management			.,	
b					
с С		28,516		28,516	
d e	Lobbying				
f g	Investment management fees				
12	Advertising and promotion				
13	Office expenses	1,536		1,536	
14	Information technology	3,760		3,760	
15	Royalties				
16	Occupancy				
17 18	Travel	2,734	2,734		
19 20	Conferences, conventions, and meetings				
20	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Training and Hosting	591	591	0	(
b	Dues	2,500	0	2,500	
С	Bank and Credit Card fees	4,506	0	4,506	(
d	Registration fees and licenses	561	0	561	(
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	448,276	397,247	51,029	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)

	n 990 (2				Page 11
P	art X		+ V		
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year	· · ·	 (B) End of year
	1	Cash-non-interest-bearing	217,742	1	245,247
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,000	4	2,800
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1,500	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11	55,831	13	67,176
	14	Intangible assets		14	· · · · ·
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	277,073	16	315,223
	17	Accounts payable and accrued expenses	2,563	17	3,512
	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	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		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			
	00			25	
	26	Total liabilities. Add lines 17 through 25 .	2,563	26	3,512
nces		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	91,079	27	109,819
d B	28	Net assets with donor restrictions	183,431	28	201,892
Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	274,510	32	311,711
Ź	33	Total liabilities and net assets/fund balances	277,073	33	315,223

Form **990** (2021)

Form 99	0 (2021)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			48	5,477
2	Total expenses (must equal Part IX, column (A), line 25)	2			448	8,276
3	Revenue less expenses. Subtract line 2 from line 1	3			3	7,201
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			274	4,510
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7		7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			31	1,711
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	• •				
			_	_	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," e	volain				
	Schedule O.	-piairi				
00						~
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were con			2a		~
	reviewed on a separate basis, consolidated basis, or both:	npilec				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b		~
D	If "Yes," check a box below to indicate whether the financial statements for the year were aud	 Inted o	-	20		-
	separate 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 ov	ersiah	t of			
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, e			2c		
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		V
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo		-		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	audits	. :	3b		

Form **990** (2021)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2021

Open to Public

Department of the Treasury
Internal Revenue Service

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.

(B)

(C)

(D)

(E)

Total

Name	of the organization	j				Employer identification	n number
	ON OF COMMUNITY FELLOWSHIP IN	IC					74204
Par			l organizations mus	t comple	ete this p		
The o	organization is not a private founda		-		•	,	
1	A church, convention of churc	hes, or associati	on of churches descri	bed in se	ection 17	0(b)(1)(A)(i).	
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)		
3	A hospital or a cooperative ho		-				
4	A medical research organization hospital's name, city, and state	e:					
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6	A federal, state, or local gover	0			• • •		
7	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	n the general public
8	A community trust described i	n section 170(b))(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:						
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a le (less se	and (2) no more than ection 511 tax) from	1 33 ¹ /3% of its
11	An organization organized and		•			,	
12	An organization organized and		•				out the purposes of
	one or more publicly supported the box on lines 12a through 12						
а	Type I. A supporting organ the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same			
с	Type III functionally integrits supported organization						ally integrated with,
d	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.						
е	e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.						e II, Type III
f							
g							
	(i) Name of supported organization	(described on lines 1-10 listed in your governing support (see oth			(vi) Amount of other support (see instructions)		
				Yes	No		
(A)							

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

Secti	on A. Public Support			-			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		1	1	1	1	1
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
9	similar sources						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop here	organization'	s first, second	l, third, fourth,	or fifth tax ye	12 ear as a sectio	
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6			11. column (f))		14	%
15 16a	Public support percentage from 2020 Sch 33 ¹ /3% support test-2021. If the organi	nedule A, Part zation did not	II, line 14 . check the box	 x on line 13, a	 nd line 14 is 3	15 3 ¹ /3% or more,	% check this
b	box and stop here. The organization qual 33 ¹ / ₃ % support test — 2020. If the organization this box and stop here. The organization	zation did not	check a box o	on line 13 or 16	Sa, and line 15	is 331/3% or m	nore, check
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization m Part VI how the organization meets the organization .	eets the facts facts	-and-circumst umstances tee	ances test, ch st. The organiz	eck this box a	and stop here.	. Explain in
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organ	, check this bo ization qualifie	ox and stop he	re. Explain
18	Private foundation. If the organization of instructions						

Schedule A (Form 990 or 990-EZ) 2021

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

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

Secti	on A. Public Support			,1	·	/	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	318,922	361,695	477,454	372,308	478,669	2,009,048
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	318,922	361,695	477,454	372,308	478,669	2,009,048
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						
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from line 6.) . </th <th></th> <th></th> <th></th> <th></th> <th></th> <th>2,009,048</th>						2,009,048
	on B. Total Support	1					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	318,922	361,695	477,454	372,308	478,669	2,009,048
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	2,215	4,313	-339	1,007		7,196
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2,215	4,313	-339	1,007	0	7,196
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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	321,137	366,008	477,115	373,315	478,669	2,016,244
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	e organization's	s first, second	, third, fourth,	or fifth tax ye		n 501(c)(3)
Secti	on C. Computation of Public Suppo	rt Percentag	e				
15	Public support percentage for 2021 (line					15	99.64 %
16	Public support percentage from 2020 Sc			<u></u> .	<u></u>	16	99.47 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2021 (line 10c, colun	nn (f), divided b	y line 13, colu	mn (f))	17	0.36 %
18	Investment income percentage from 202						0.53 %
19a	331 /3% support tests – 2021. If the organ 17 is not more than 331/3%, check this box						
b	331 /3% support tests – 2020. If the organize line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	-	-	-			
			,	, -,-,-) or 990-EZ) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 A person who directly or indirectly controls, either alone or together with persons described on lines 11b and а 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c 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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

Yes No

1

3

2a

2b

3a

3b

Yes No

Yes No

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

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

Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (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		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check have if the every is the every isation's first on a new function.			

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 or 990-EZ) 2021

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

Schedule A (Form 990 or 990-EZ) 2021



SCHE	DULE	D
(Form	990)	

Supplemental Financial Statements

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

OMB No. 1545-0047

	ent of the Treasury Revenue Service	► Go to www.irs.gov/Form9	Attach to Form 990		tion	Inspection	
	f the organization				Employer identific		
	-	Y FELLOWSHIP INC				-5874204	
Par		zations Maintaining Donor Advi	sed Funds or O	ther Similar Fund			
		ete if the organization answered "					
	•			dvised funds	(b) Funds a	nd other accounts	<u> </u>
1	Total number a	at end of year					
2	Aggregate valu	ue of contributions to (during year) .					
3	Aggregate valu	ue of grants from (during year)					
4		ue at end of year					
5		zation inform all donors and donor a					
_		organization's property, subject to the	-	-			🗌 No
6		zation inform all grantees, donors, an					
		able purposes and not for the benefit ermissible private benefit?					—
						· Ves	
Part		rvation Easements.					
		ete if the organization answered "					
1		conservation easements held by the o of land for public use (for example, recrea			a biotorically im	nortant land a	
		of natural habitat	alion of education)	Preservation of Preservation of			area
		n of open space			a certined filsto	ne structure	
2		s 2a through 2d if the organization hel	d a qualified conse	ervation contribution	in the form of a	conservation	
		he last day of the tax year.				at the End of the	Tax Year
а	Total number of	of conservation easements			. 2a		
b		restricted by conservation easements					
с	-	nservation easements on a certified hi					
d	Number of co	nservation easements included in (
	historic structu	re listed in the National Register .			· 2d		
3	Number of cor tax year ►	nservation easements modified, trans	ferred, released, e	xtinguished, or term	inated by the or	rganization du	ring the
4 5	Does the orga	tes where property subject to conserv anization have a written policy rega enforcement of the conservation eas	arding the period			g of ·	🗌 No
6	Staff and volunt ►	eer hours devoted to monitoring, inspec	ting, handling of vio	lations, and enforcing	conservation eas	sements during	the year
7	Amount of expe	enses incurred in monitoring, inspecting	g, handling of violat	ions, and enforcing c	onservation ease	ements during	the year
8		iservation easement reported on line 2 0(h)(4)(B)(ii)?					🗌 No
9	In Part XIII, des balance sheet,	scribe how the organization reports co and include, if applicable, the text of accounting for conservation easemer	onservation easem the footnote to the	ients in its revenue a	ind expense sta	tement and	
Part		zations Maintaining Collections ete if the organization answered "			Other Similar	Assets.	
1a		tion elected, as permitted under FASI					
		al treasures, or other similar assets				furtherance o	f public
	· •	e in Part XIII the text of the footnote to					
b	art, historical t	tion elected, as permitted under FAS reasures, or other similar assets held lowing amounts relating to these item	for public exhibition				
		cluded on Form 990, Part VIII, line 1					
		uded in Form 990, Part X					
2	-	ation received or held works of art, unts required to be reported under FA			assets for finan	cial gain, prov	vide the
а	Revenue inclue	ded on Form 990, Part VIII, line 1 .			🕨 \$		

For Paperwork Reduction Act Notice	e, see the Instructions for Form 990.
Tor Tuper Work The autoa of Aot Notice	

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Assets included in Form 990, Part X .

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Schedu	e D (Form 990) 2021								Page 2
Part	Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Ot	her Similar As	ssets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	ther record	ds, chec	k any of the	e follov	ving that make s	significant u	use of its
а	Public exhibition		d	Loan	or exchange	e progr	am		
b	Scholarly research		-						
с	Preservation for future generations	i							
4	Provide a description of the organization	tion's collections	and expla	in how tl	hey further	the org	anization's exer	npt purpos	e in Part
_	XIII.								
5	During the year, did the organization								
	assets to be sold to raise funds rather		ained as p	art of the	e organizati	on's co	ollection?	Yes	∐ No
Part		•		~~~ -					_
	Complete if the organization 990, Part X, line 21.	answered "Yes	‴ on ⊦orr	n 990, F	Part IV, line	9, or	reported an ar	nount on I	-orm
1 a	Is the organization an agent, trustee, included on Form 990, Part X?								🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fol	lowing ta	able:				
							A	mount	
С	Beginning balance					1c	;		
d	Additions during the year					1d			
е	Distributions during the year					1e	•		
f	Ending balance					1f			
2a	Did the organization include an amoun						-		🗌 No
1	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the ex	planatior	n has been	provide	ed on Part XIII .		
Par						40			
	Complete if the organization								
		(a) Current year	(b) Prio	r year	(c) Two year	s back	(d) Three years bac	k (e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С									
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year er	nd balance	e (line 1g	, column (a)) held a	as:		
а	Board designated or quasi-endowment	nt 🕨	%						
b	Permanent endowment	%							
С	Term endowment ►%								
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of th	ne organiz	ation that	at are held a	and ad	ministered for th		
	organization by:								es No
	(i) Unrelated organizations							3a(i)	
	() U							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o					• •		3b	
4 Part	Describe in Part XIII the intended uses VI Land, Buildings, and Equip		on s endo	wment it	unus.				
Fall	Complete if the organization		" on Forr	n 990 F	Part IV line	112	See Form 990	Part X lir	ne 10
	Description of property	(a) Cost or of			or other basis		Accumulated	(d) Book	
	Description of property	(investm		• •	ther)	• • •	epreciation	(d) DOOK	value
1a	Land								
b	Buildings								
с	Leasehold improvements								
d	Equipment								
e	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X	, column	n (B), line 10	c.) .	►		

Schedule D (Form 990) 2021 Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments-Program Related. Part VIII 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) TD Ameritrade 67,176 End-of-Year Market Value (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) 67,176 Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) **Other Liabilities.** Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► .

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2021		Pa	ge 4
Par	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return.	
	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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part			er Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
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	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 and 1 a	ne 18.)	5	
Part				
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar			ne
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide any additional in	nformation.	

	EDULE F	State	ement of	f Activitie	s Outside the Uni	ited States	L	OMB No. 1545-0047
(Forn	n 990)			ization answer	2021			
Departn	nent of the Treasury			► Atta	ach to Form 990. for instructions and the latest			Open to Public
	Revenue Service			.gov/Form990		i mormation.		Inspection identification number
		Y FELLOWSHI	P INC					20-5874204
Par		Information), Part IV, line	1 on Activit 14b.	ties Outside	the United States. Con	nplete if the orga	anization a	answered "Yes" on
1		ce, the grante	es' eligibility		cords to substantiate the a ts or assistance, and the s			🗌 Yes 🗌 No
2	For grantmak outside the Un		in Part V the	e organization	's procedures for monitorir	ng the use of its	grants ar	nd other assistance
3	Activities per F	Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is need	led.)	
	(a) Regior	1	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specifi service(s) in the	ervice, c type of	(f) Total expenditures for and investments in the region
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)	.							
3a	Subtotal							

b	Total from continuation				
	sheets to Part I				
С	Totals (add lines 3a and 3b)				
Eor Do	norwork Reduction Act Nation	coo the Instri	uctions for Forn	000	

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of section and EIN organization grant cash grant cash noncash of noncash assistance valuation (book, FMV, (if applicable) disbursement assistance appraisal, other) (1) East Asia and the Pa Community developm 164,409 Wire transfer 0 (2) Sub-Saharan Africa Community developm 15.320 Wire transfer 0 (3) Central America and Community developm 31,343 Wire transfer 0 (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 10 3 0

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV. line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Schedule F (Form 990) 2021

Part III

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

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Schedule F (Form 990) 2021

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

Schedule F (Form 990) 2021

Part V Supplemental Information

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

Schedule F, Part I, Line 3 - Method of Accounting: Accrual basis
Schedule F, Part II, Line 1 - Method of Accounting: Accrual Basis

SCHEDULE O	
(Form 990 or 990-EZ)	

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ.

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



Name of the organization	Employer identification number
VISION OF COMMUNITY FELLOWSHIP INC	20-5874204
Form 990, Part VI, Section B, Line 11b - Directors appoint a member to review the return before filing and/	or employ an accountant or
lawyer to review it.	
Form 990, Part VI, Section B, Line 12c - Directors appoint a member to review the return before filing.	
Form 990, Part VI, Section B, Line 15 - Board reviews and approves all compensation decisions.	
Form 990, Part VI, Section C, Line 19 - Other Organization documents are publicly available upon request.	

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

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