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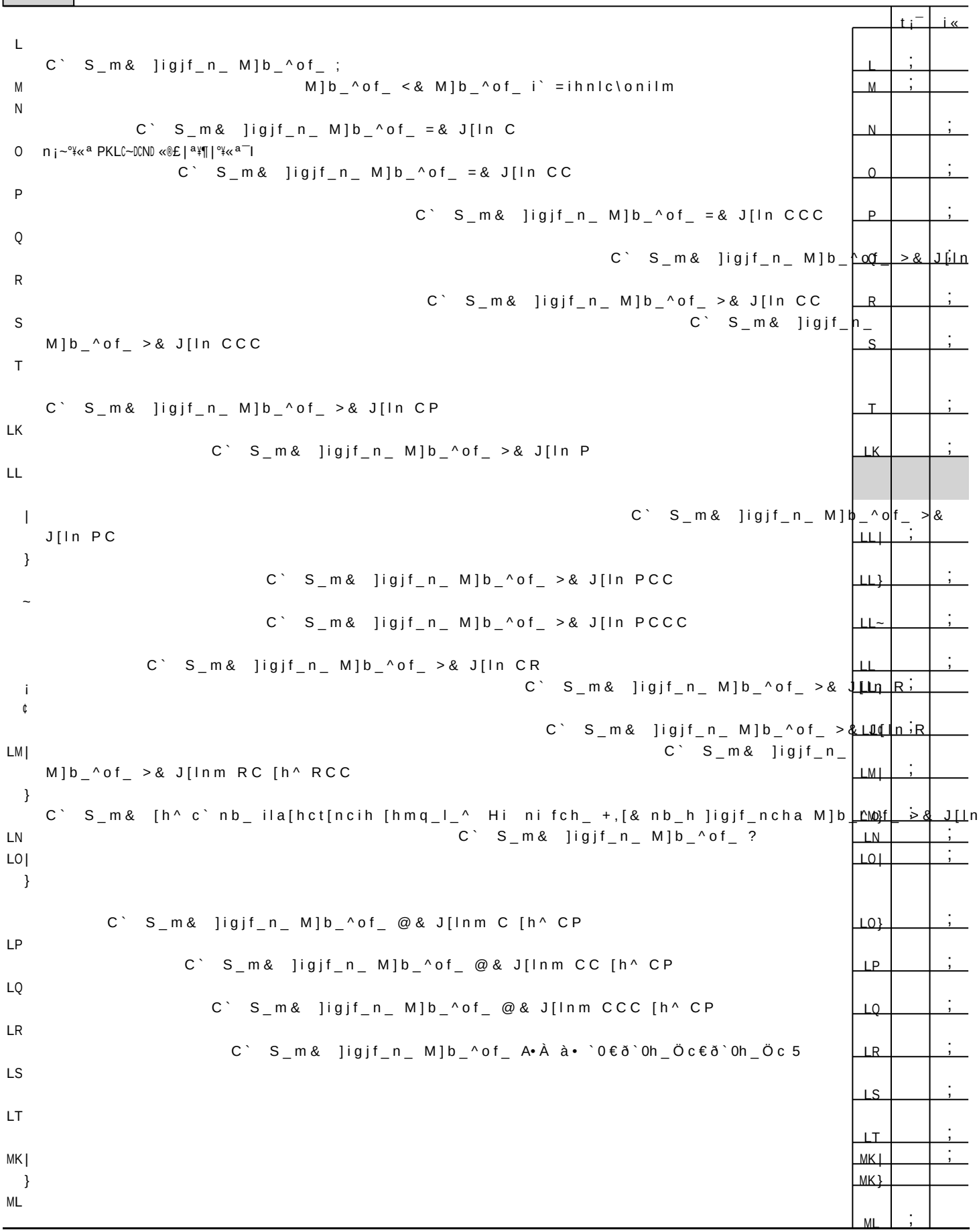
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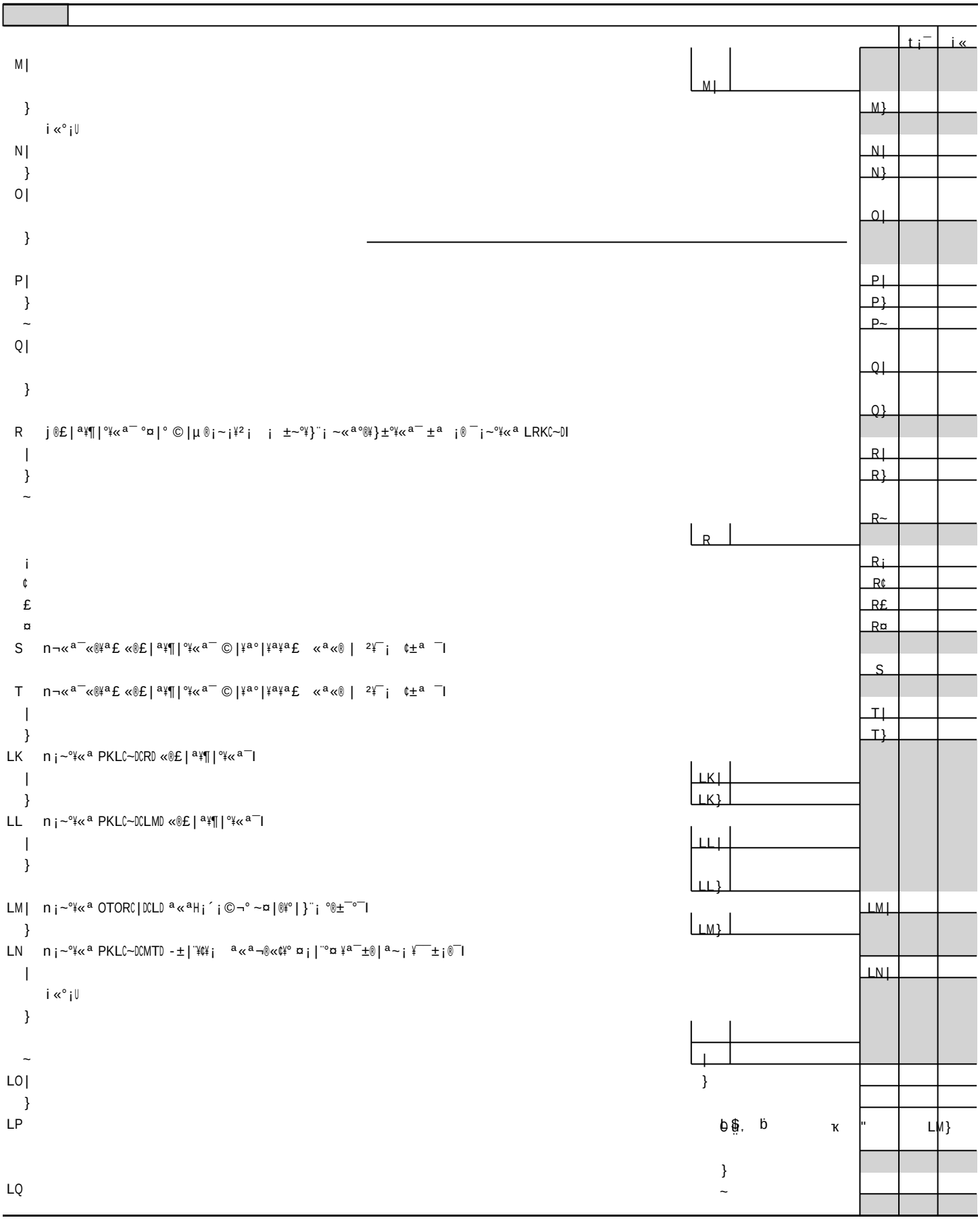
Part V Checklist of Required Schedules

			Yes	No
MM	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	MM		;
MN	Is the organization required to complete Schedule B, Schedule of Contributors?	MN	;	
MO	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?	MO		;
}	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	MO}		;
~	Did the organization have members or stockholders?	MO~		;
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	MO		;
MP	Did the organization have local chapters, branches, or affiliates?	MP		;
}	Did the organization have any taxable subsidiaries?	MP}		;
MQ	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	MQ		;
MR	A current or former officer, director, trustee, or key employee? Enter the amount of tangible personal property, endowment, or real estate:	MR		;
MS	A family member of a current or former officer, director, trustee, or key employee?	MS		;
	A 35% controlled entity of one or more individuals and/or organizations described in lines MS or MT?	MS		;
MT	Did the organization receive more than $25,000 in non-cash contributions?	MT		;
NK	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	NK		;
NL	Did the organization liquidate, terminate, or dissolve and cease operations?	NL		;
NM	Did the organization maintain collections of works of art, historical treasures, or other similar assets?	NM		;
NN	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability?	NN		;
NO	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16?	NO	;	
NP	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?	NP		;
}	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?	NP}		;
NQ	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," describe in Part XII.	NQ		;
NR	Did the organization report an amount for net assets with donor restrictions or net assets without donor restrictions in Part X that is not equal to the amount reported in Part X, line 32?	NR		;
NS	Did the organization report an amount for net assets with donor restrictions or net assets without donor restrictions in Part X that is not equal to the amount reported in Part X, line 33?	NS	;	

Part VI Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
L	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	L|		
}	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	L}		
~	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	L~	;	



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

(A) Name and Title	(B) Average hours per week	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
TIM SULLIVAN DIRECTOR		X								
DAVID SWEET DIRECTOR		X								
MEG WORTHINGTON DIRECTOR		X								
HON. DENNIS LEVINSON SECRETARY/TREAS. END		X								
IAN MAUL STUDENT DIRECTOR END		X								
¶•#…P										

1b Sub-total ▶

c Total from continuation sheets to Part VII, Section A ▶

d Total (add lines 1b and 1c) ▶

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part IX Statement of Functional Expenses

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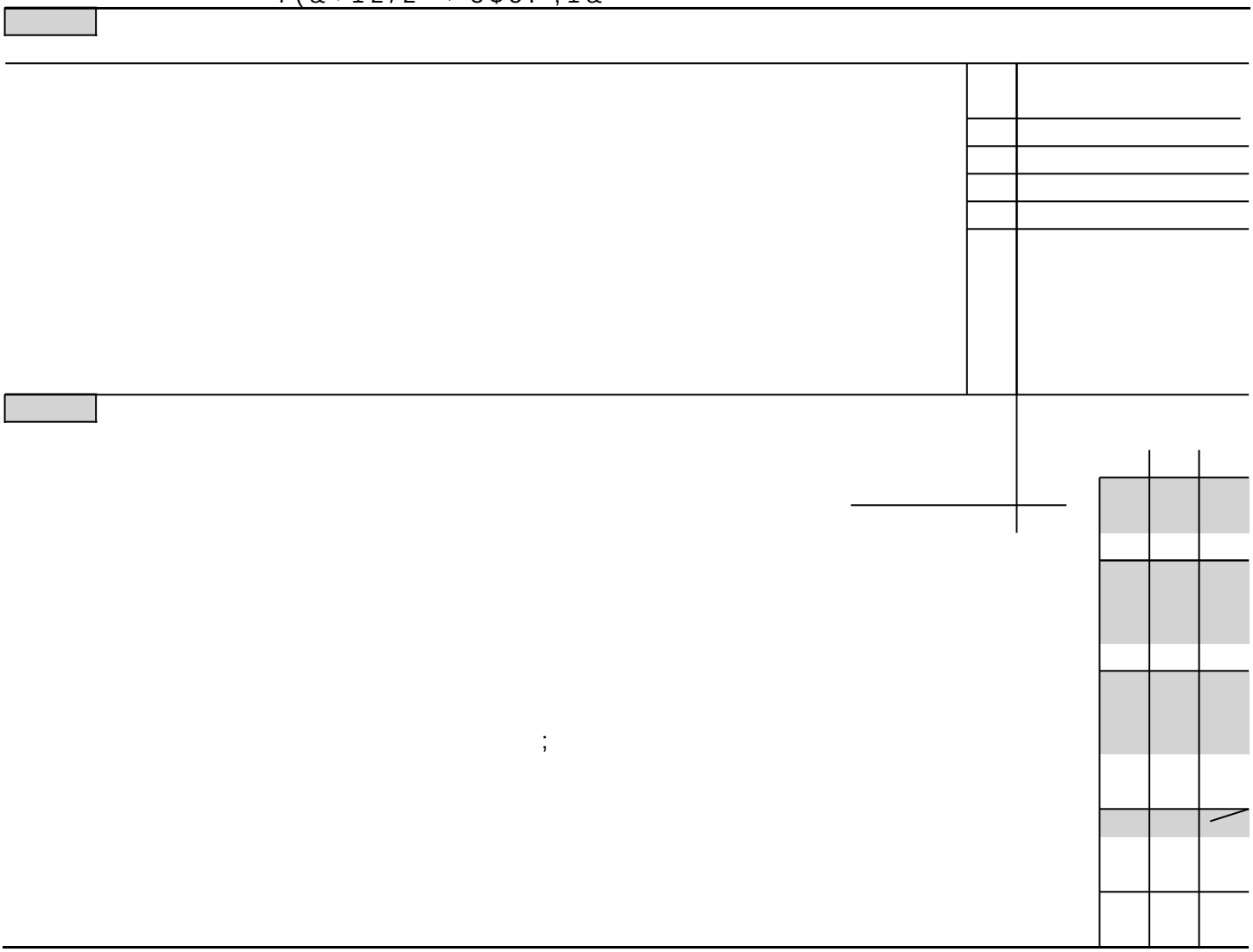

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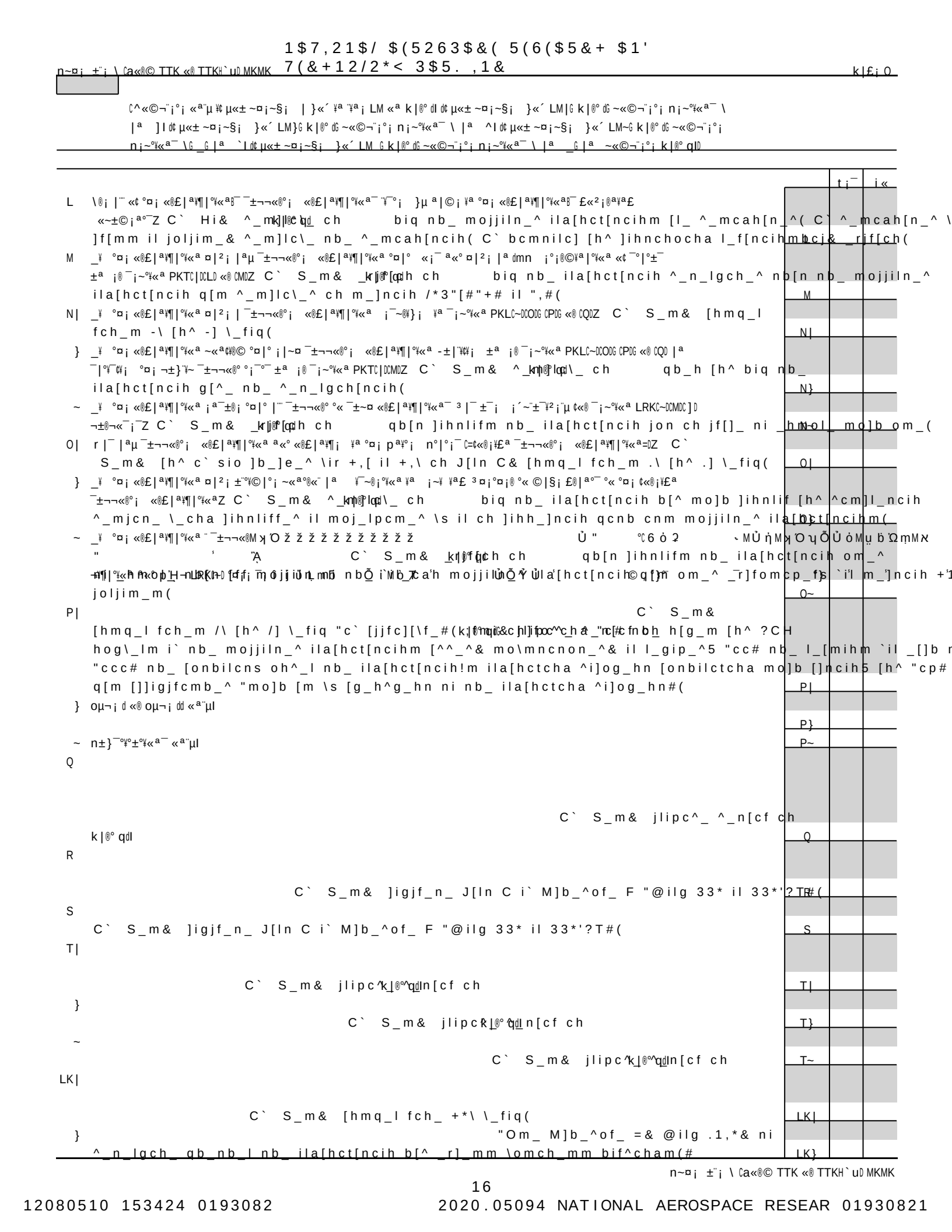

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Part XI Reconciliation of Revenue per Audited Financial Statements

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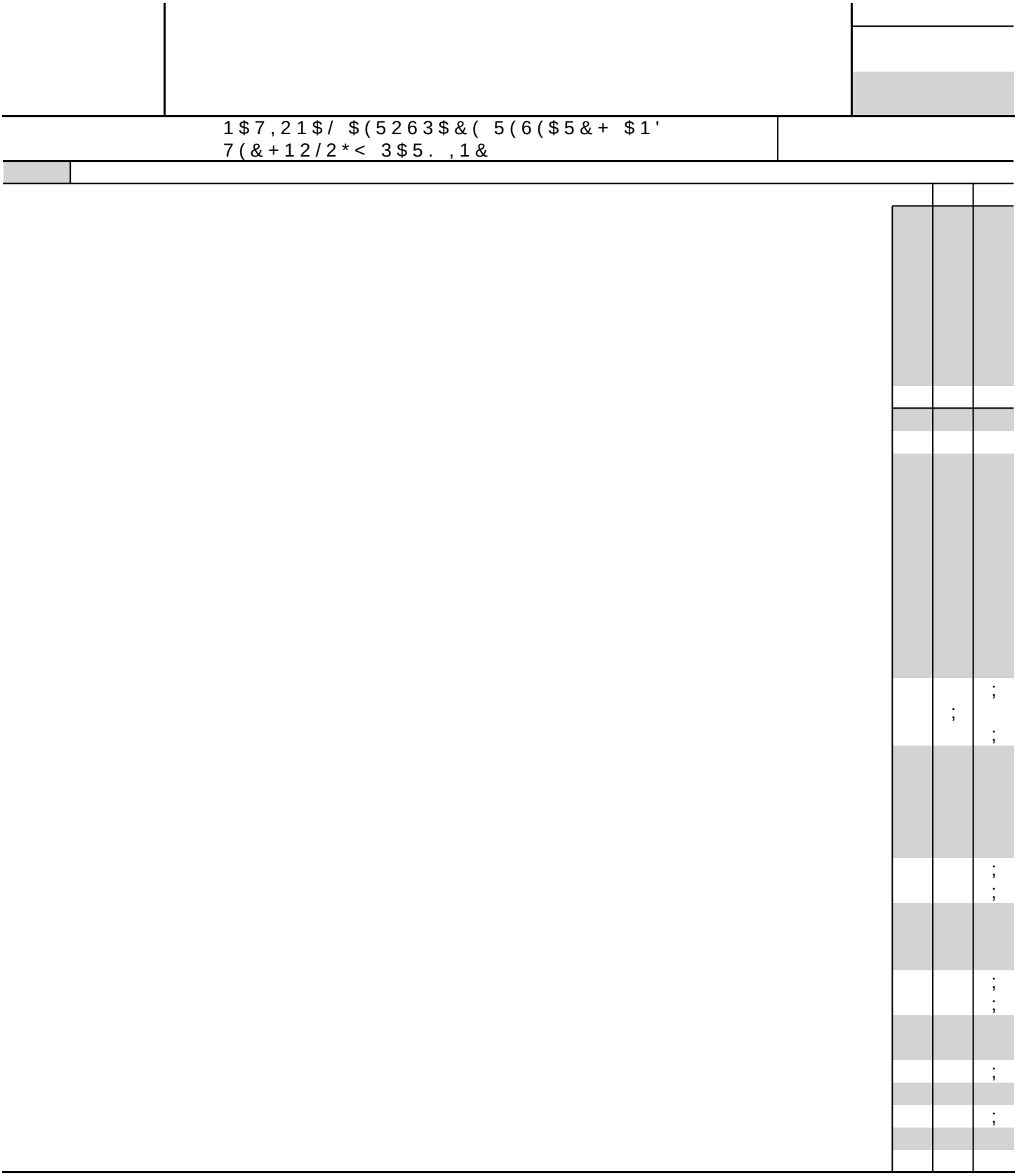
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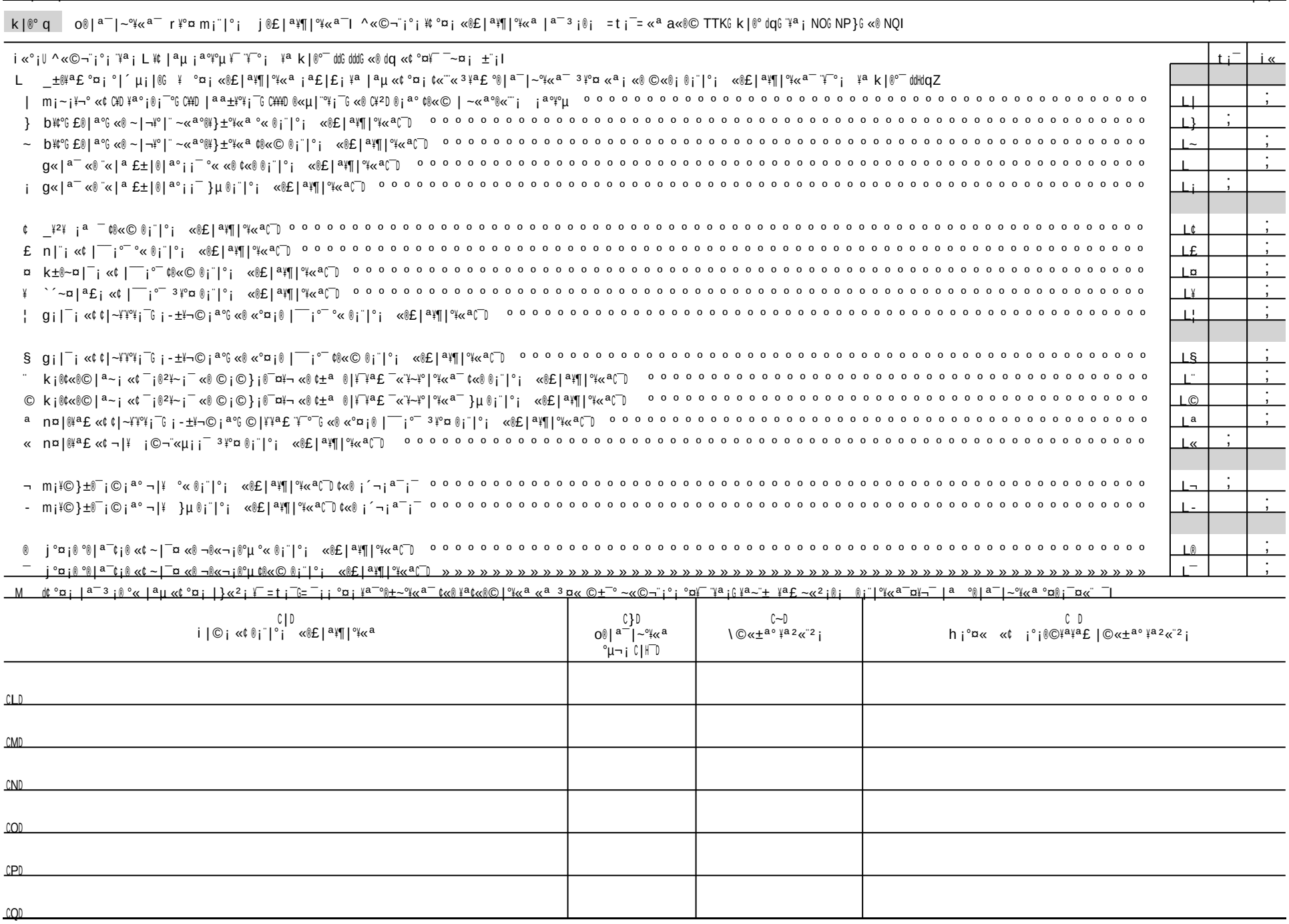
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Part VIII Supplemental Information

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Part III Tax and Payments

5a	Foreign tax credit corporations attach Form 1118 (Rev. 1-2018) (see instructions)	1a	
5b	General credits (see instructions)	1b	
5c	General business credit. Attach Form 3800 (see instructions)	1c	
5d	Credit for prior year minimum tax attach Form 8801 or 8827	1d	
5e	Total credits. Add lines 1 through 5	1e	
5f	Subtract line 1 from Part I, line 25	2	-0.
5g	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866		
2	Other (attach statement)	3	
3	Total tax. Add lines 2 and 3 (see instructions) Check if includes tax previously deferred under section 1294. Enter tax amount here	4	-0.
4	2020 Form 965 tax liability paid from Form 965-A or Form 965-B Part II, column (k), line 4	5	-0.
5a	Payments: A 2019 overpayment credited to 2020	6a	
5b	2020 estimated tax payments. Check if section 6 (3) elections applies	6b	
6c	Tax deposited with Form 8868	6c	
6d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
6e	Backup withholding (see instructions)	6e	
6f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
6g	Other credits, adjustments and payments: Form 4136 Other Total	6g	
7	Total payments. Add lines 6a through 6g	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶		
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		
3	If "Yes," see instructions for other forms the organization may have to file.		
4	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		
5	Did the organization change its method of accounting? (see instructions)		
6	If "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

▶ Howard J. Kyle | 5/5/2022 | ▶ PRESIDENT

Signature of officer | Date | Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
ERIN COUTURE	Erin Couture	5.3.22		01390592

Firm's name ▶ GRANT THORNTON LLP | Firm's EIN ▶ 36-6055[illegible]8

Firm's address ▶ 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103 | Phone no. (215) 561-4200

Form 990-T (2020)

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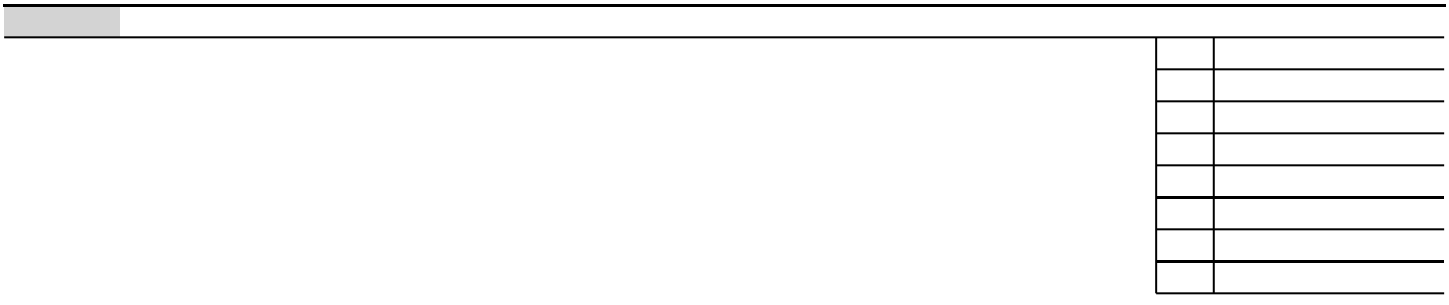

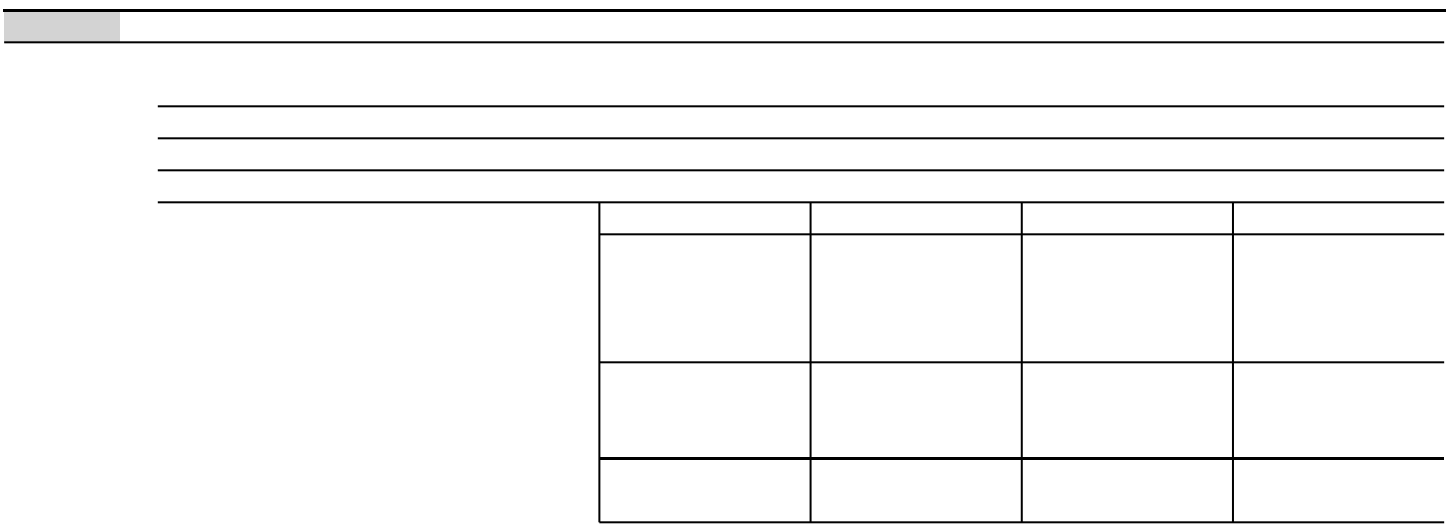

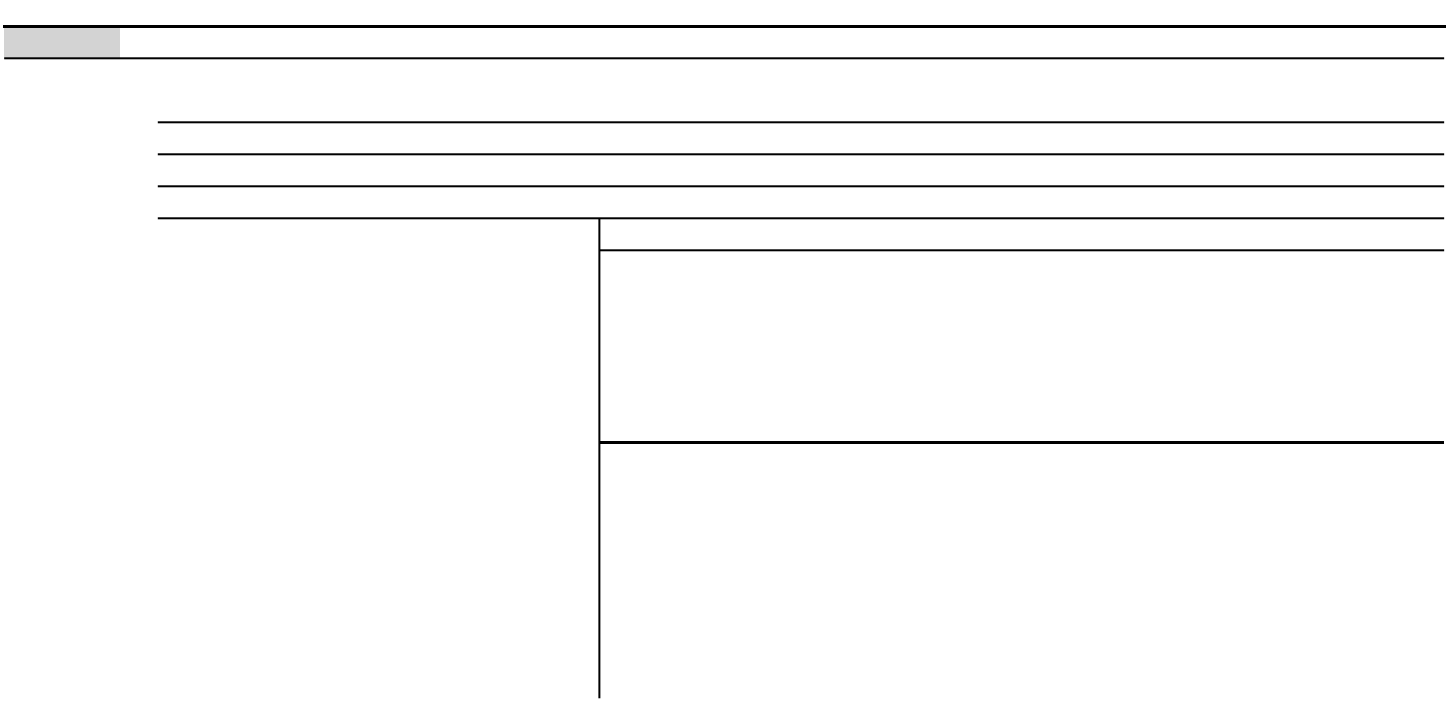

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