Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

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For calendar year 2021, or fiscal year beginning	, 2021, and ending	, 20

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer 27-0490843 World Leadership Foundation Ross Wehner Name and title of officer or person subject to tax Co-Founder Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here _____ > X 1a Form 990-EZ check here 2a b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22) 3b Form 990-PF check here ... ▶ 4a b Tax based on investment income (Form 990-PF, Part V, line 5) Form 8868 check here 5a b Balance due (Form 8868, line 3c) 5b Form 990-T check here ► 6a b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here Form 5227 check here > 8a b FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5330 check here > 9a b Tax due (Form 5330, Part II, line 19) 9b 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) 27-0490843 and that I have examined a copy of the World Leadership Foundation 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) are acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize KURTZ FARGO LLP to enter my PIN 84351 Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(jes) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter py PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 84683684615 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date > 05/23/22 ERO's signature Meghan Hays ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print World Leadership Foundation 27-0490843 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 5595 Sunshine Canyon Drive return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. Boulder, CO 80302 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) Megan B. Warren The books are in the care of ▶ 30495 Big Pine Rd. - Painter, VA 23420 Telephone No. ► 757-442-6398 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until November 15, 2022 to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Mail to: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0045

instructions

Extended to November 15, 2022

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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

Αŀ	or tn	e 2021 calendar year, or tax year beginning and	enaing					
B (Check if applicab	C Name of organization		D Employer identific	cation number			
	Addre	World Leadership Foundation						
	Name Chan	Doing business as		27-04908	43			
	Initial returr		Room/suite	E Telephone numbe	r			
	Final returr	5595 Sunshine Canyon Drive		(303) 679-3412				
	termi ated			G Gross receipts \$	2,108.			
	Amer returr	Boulder, CO 80302		H(a) Is this a group re				
	Appli	F Name and address of principal officer: ROSS Wellile1		for subordinates	? Yes X No			
	pend	same as C above		H(b) Are all subordinates in	ncluded? Yes No			
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions			
		te: www.worldleadershipschool.com		H(c) Group exemptio				
		f organization: X Corporation Trust Association Other	L Year	of formation: 2009 N	State of legal domicile: CO			
Pa	art I	Summary	~ 1 1					
Ф	1	Briefly describe the organization's mission or most significant activities: $\underline{\mathtt{See}}$	Schedu	le O				
Activities & Governance								
ern	2	Check this box if the organization discontinued its operations or dispos	sed of more	1				
Š	3			3	4			
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			0			
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0 7			
ΞĬ	6	Total number of volunteers (estimate if necessary)						
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11						
		Contributions and grants (Part VIII line 1h)		Prior Year 22,329.	Current Year 2,090.			
ne	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		24.	18.			
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,353.	2,108.			
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.					
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		16,302.	31,205.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,302.	31,205.			
	19	Revenue less expenses. Subtract line 18 from line 12		6,051.	-29,097.			
Net Assets or	23		Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		54,020.	47,292.			
t As	21	Total liabilities (Part X, line 26)		0.	22,369.			
Ese	22	Net assets or fund balances. Subtract line 21 from line 20		54,020.	24,923.			
	art II	Signature Block						
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.				
		Signature of officer		Data				
Sig		1		Date				
Her	е	Ross Wehner, Co-Founder Type or print name and title						
			Ιr	Date Check C	PTIN			
De!		Print/Type preparer's name Preparer's signature Moghan, Hayra		- (00 (00) if				
Paid		Meghan Hays Meghan Hays	U	5/23/22 self-employ	27-3147421			
-	Only	Firm's name KURTZ FARGO LLP Firm's address 1470 Walnut Street, Ste 301		Firm's EIN ▶	<u> </u>			
use	Only	Firm's address 1470 Walnut Street, Ste 301 Boulder, CO 80302		Dhone no / 7	20) 310-2078			
Ma:	, tha !	RS discuss this return with the preparer shown above? See instructions		j mione no. (7				
ivia	y u ie l	no discuss this return with the preparer shown above? See instructions			X Yes No			

Pai	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:
	World Leadership Foundation's mission is to unleash the potential of
	global communities through technology, learning, and collaboration.
	Most recently our foundation incubated an effort to "reduce inequity
	through education" in rural schools via TeachUNITED, which became its
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	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 \$
	For the second year in a row, World Leadership Foundation collected a
	Coordinators Fund, which was focused on collecting individual donations
	and supplying donations to our network coordinators in countries like
	Peru, India, and Belize. Many of these volunteer coordinators were
	unable to buy enough food during the pandemic, and these donations
	helped support their families.
	World Leadership Foundation was also used to fund professional learning
	programs for a growing diversity of educators from independent, public,
	and charter schools. These efforts included the Reimagine Advisory with
	Purpose webinar series, launched in 2021, and the fourth annual K-12
	Purpose Summit, which was a hybrid event including virtual and
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-1	Other pregram comities (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 30,048.
4e	Total program service expenses 🚩 SU , U = U •

Form 990 (2021) World Leadership Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	⊢ ′		
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	٣		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		Х
40	If "Yes," complete Schedule D, Part IV			-22
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		Х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	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,	١		
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٦,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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? If "Yes," complete Schedule I, Parts I and II	21		х
				-

Form	990 (2021) World Leadership Foundation 27-049	0843	F	age 4
Pai	t IV Checklist of Required Schedules (continued)		1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			\ _v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			\ _V
•	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		 ^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
لہ	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		\vdash
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.0		X
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		 ^
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		125
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		1
21	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</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		1
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> • • </u>		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	L	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	L	Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Vac	l Na

	chock in defined and defended of the total to any line in the contract of the					
			_		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?			1c	x	

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **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). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 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. 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. 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 Enter the amount of reserves on hand X 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 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? <u>1</u>5 If "Yes," see the instructions and file Form 4720, Schedule N. X 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. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Form 990 (2021) World Leadership Foundation 27-0490843 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	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 Magazin B. Wanning 757, 442, 6309			
	Megan B. Warren - 757-442-6398 30495 Big Pine Rd. Painter VA 23420			

Form 990 (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending 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.

V Observations in a single contraction of the single contraction of th

Name and title Average hours per week (list any hours for related organizations below line) 1) Bruce Miller Soard Member 2) Erin Hawk Soard Member 3) Ross Wehner 3) Ross Wehner 30 Average hours per week (list any hours for related organizations below line) 3) Ross Wehner 30 Average hours per week (list any hours for related organizations below line) 3) Ross Wehner 30 Average hours per week (list any hours for related organizations below line) 4) David Maher Average hours per week (list any hours for related organization should be added to the check more than one box, unless person is both an officer and a director/trustee) 4) David Maher Reportable compensation from related organization (W-2/1099-MISC/ 1099-NEC) 10 Average hours per week (list any hours for related organizations (W-2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for metated organization (W-2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for metated organization (W-2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for metated organization (W-2/1099-NISC/ 1099-NEC) Average hours per week (list any hours for metated organization (W-2/1099-NISC/ 1099-NEC) Average hours per week (list any hours for metated organization (W-2/1099-NISC/ 1099-NISC/ 109	X Check this box if neither the organization (A)	(B)				C)			(D)	(E)	(F)
hours per week (list any hours for related organizations below line) 1) Bruce Miller 2) Erin Hawk O.00 3) Ross Wehner 3) Ross Wehner Goard Member 1) David Maher Another the visible and a director/trustee) (Ist any hours for related organizations below line) 2) Erin Hawk O.00 3) Ross Wehner O.00 Another the organization (W-2/1099-MISC/ 1099-NEC) Another the organization (W-2/1099-MISC/ 1099-NEC) O.00 Another the organization (W-2/1099-NEC) O.00 Another the organization (W-2/1099-NEC) O.00 Another the organization (W-2/1099-NEC) O.00 O.0					Pos	itior	1		1		
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1) Bruce Miller		1	tor						I .		l
1) Bruce Miller			direc				-		I .		
1) Bruce Miller			ee or	stee			nsate				
1) Bruce Miller			truste	al tru		yee	m pe			,	and related
1) Bruce Miller			dual	rion	_	oldm	st co	-	,		organizations
1) Bruce Miller		I .	Indivi	Institu	Office	Key e	Highe	Forme			
2) Erin Hawk	(1) Bruce Miller	0.00									
X X 0. 0.	Board Member		Х						0.	0.	0
3) Ross Wehner	(2) Erin Hawk	0.00									
	Board Member		Х		Х				0.	0.	0
4) David Maher 0.00	(3) Ross Wehner	0.00									
	Board Member		Х		X				0.	0.	0
X		0.00									
	Board Member		Х						0.	0.	0
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132007 12-09-21 Form **990** (2021)

Part	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	iH t	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offi	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	am	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Individual trustee or director Institutional trustee Officer Key employee Highest compensated employee Former		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)		frorga orga and	pensat om the anization d relate anization	e on ed			
			_=	=	0	×	Ξ 0							
C	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						>	0.		0. 0.			0. 0.
2	Total number of individuals (including but n compensation from the organization							o re		000 of reportable				0
	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								hest compensated emp			3	Yes	No X
4	For any individual listed on line 1a, is the suand related organizations greater than \$150	im of reportabl 0,000? <i>If</i> "Yes,	e cc " <i>co</i>	mpe mple	ensa ete S	ition Sche	and	oth	ner compensation from the for such individual	ne organization		4		Х
	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com ion B. Independent Contractors					•			•			5		X
	Complete this table for your five highest co the organization. Report compensation for	•	•							•	ensat			
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	C	(Comper		<u> </u>
	Total number of independent contractors (i		ot lir	nited	d to		se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation >											990 (c	2004)

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
Q E		Fundraising events 1c					
ifts ar A		Related organizations 1d					
s, mik		Government grants (contributions) 1e					
Sig		All other contributions, gifts, grants, and					
ber		similar amounts not included above	2,090.				
텵	g						
Col	h	Total. Add lines 1a-1f		2,090.			
			Business Code				
Ð	2 a	ı					
, vic	b						
Program Service Revenue	С						
am	d						
oge B	е						
Pr	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)	>	18.			18.
	4	Income from investment of tax-exempt bond i	proceeds				
	5	Royalties	>				
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
Ver	С	Gain or (loss)					
æ	d	Net gain or (loss)	<u></u>				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	3				
	b	Less: direct expenses 8)				
	С	Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 199a	3				
	b	Less: direct expenses 9t)				
	С	Net income or (loss) from gaming activities	>				
	10 a	a Gross sales of inventory, less returns					
		and allowances 10	а				
	b	Less: cost of goods sold10	b				
	С	Net income or (loss) from sales of inventory .	>				
_ω			Business Code				
o a	11 a	ı					
ane	b)					
Miscellaneous Revenue	С						<u> </u>
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d		0.100			1.5
	12	Total revenue. See instructions		2,108.	0.	0.	18.

	Check if Schedule O contains a respons		his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, 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				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a b	Management				
C	Legal	950.		950.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Coordinator Fund	29,958.	29,958.		
b	Bank Fees	297.	90.	207.	
С					
d					
е	All other expenses	24 225	20.046	4 4 = =	
25	Total functional expenses. Add lines 1 through 24e	31,205.	30,048.	1,157.	0.
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)				

		Check if Schedule O contains a response or no	te to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			49,502.	1	40,842.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		6			
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	l	Land, buildings, and equipment: cost or other		1			
		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				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			4,518.	15	6,450.
	16	Total assets. Add lines 1 through 15 (must equ			54,020.	16	47,292.
	17	Accounts payable and accrued expenses			31,0200	17	27,72324
	18	Grants payable			18		
	19			0.	19	22,369.	
	20	Deferred revenue			•	20	22,303.
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete		- 4 O - 1 1 - 1 - D		21	
	22	Loans and other payables to any current or form					
Liabilities	22	trustee, key employee, creator or founder, subs					
ij		controlled entity or family member of any of the		· ·		22	
Lia	23	Secured mortgages and notes payable to unrel		:		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa		Г		24	
	23	parties, and other liabilities not included on line					
				· .		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	22,369.
	20	Organizations that follow FASB ASC 958, ch	ook ho	· \	<u> </u>	20	22,303
S		and complete lines 27, 28, 32, and 33.	eck He				
ĕ	27					27	
ala	28					28	
В	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 9				20	
Ë		_	936, CH	eck fiere 21			
ō	20	and complete lines 29 through 33.	1	0.	20	0.	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or e			0.	29 30	0.
Net Assets or Fund Balances	30				54,020.	31	24,923.
et /	31 32	Retained earnings, endowment, accumulated in			54,020.	32	24,923.
Ž	33	Total net assets or fund balances Total liabilities and net assets/fund balances			54,020.		47,292.
	l OO	TOTAL HADIIILIES ALIU HEL ASSELS/IUHU DAIAHUES			J = 1 U 4 U •	UU	•

490843	Page 12

					1
	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	2	108.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	31	205.	
3	Revenue less expenses. Subtract line 2 from line 1	3		097.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		020.	
5	Net unrealized gains (losses) on investments	5			_
6	Donated services and use of facilities	6			_
7	Investment expenses	7			•
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.	_
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				_
	column (B))	10	24	923.	
Pa	rt XII Financial Statements and Reporting	•			_
	Check if Schedule O contains a response or note to any line in this Part XII				
			Υ	es No	_
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a	X	_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		_
			Form 9	90 (2021	1)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

Name of the organization World Leadership Foundation 27-0490843 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar 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.")	347,235.	472,745.	618,350.	22,329.	2,090.	1462749.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	245 225	450 545	640 050		0 000	1460040
	Total. Add lines 1 through 3	347,235.	472,745.	618,350.	22,329.	2,090.	1462749.
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,						150 201
_	column (f)						150,391.
	Public support. Subtract line 5 from line 4.						1312358.
		() 0047	(1) 0040	() 0040	/ N 2000	() 2004	(A) T
	ndar year (or fiscal year beginning in)	(a) 2017 347, 235.	(b) 2018 472,745.	(c) 2019 618, 350.	(d) 2020 22,329.	(e) 2021 2,090.	(f) Total 1462749.
	Amounts from line 4	347,233.	4/2,/45•	010,330.	22,323.	2,090.	1402/49•
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
9							
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1462749.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th					01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ne 6, column (f), d	ivided by line 11, c	olumn (f))		14	89.72 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	88.95 %
	33 1/3% support test - 2021. If the o					ore, check this box	c and
	stop here. The organization qualifies	as a publicly supp	orted organization				> X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	k this box and st	op here. Explain ii	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	llifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

(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.)

Sect	tion A. Public Support	now, picase comp	nete i art ii.j				
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
ı	Gifts, grants, contributions, and membership fees received. (Do not nclude any "unusual grants.")						
1 1	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						
á	Gross receipts from activities that are not an unrelated trade or busness under section 513						
i	Tax revenues levied for the organ- zation's benefit and either paid to or expended on its behalf						
1	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Fotal. Add lines 1 through 5						_
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
f	Amounts included on lines 2 and 3 received rom other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c/	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 / 10a (Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(4) 20	10/2010	(0) 20 10	(4) 2020	(0) 2021	(1) 10101
b (Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11 i	Add lines 10a and 10b						
12 (Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
	First 5 years. If the Form 990 is for the	•			•		. —
	check this box and stop here tion C. Computation of Public						P
	•			column (fl)		15	0/
	Public support percentage for 2021 (lin Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	•	.,,		16	<u>%</u>
	tion D. Computation of Invest					10	%
	nvestment income percentage for 20			ine 13 column (f)		17	%
	nvestment income percentage from 2			(i)		18	
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box an					41	▶ □
b S	33 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	ine 18 is not more than 33 1/3%, chec		•	•		-	
/U	Private foundation. If the organization	LOIG HOT CHECK A	DOX OF THE 14-19	a or igo checkith	us dox and see in:	SITUCHORS	

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		
За		
3b		
Зс		
- 55		
4a		
4b		
4c		
5a		
5 1.		
5b 5c		
6		
7		
8		
9a		
Oh		
9b		
9с		
10a		
10b		
ule A (Fori	n 990)	2021

Par	irt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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		
Sect	ction B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of	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 sup	,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amor supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ng the		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
	<i>y</i> . 11 0 0		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	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).	1		
Sect	ction 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		103	140
	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		
	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			
	, ,	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). 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			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. ction 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 in:	structions)		
a				
b				
c		ntity (see instruction	ne)	
	Activities Test. Answer lines 2a and 2b below.	nity (see instruction	Yes	No
				110
	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.	2a		
	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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		53		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Fait	Type III Non-Functionally integrated 303(a)(3) Support	ing Organia	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	_
Section A -	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sh	nort-term capital gain	1		
2 Recov	eries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add lir	nes 1 through 3.	4		
5 Depre	ciation and depletion	5		
6 Portion	n of operating expenses paid or incurred for production or			
collect	tion of gross income or for management, conservation, or			
mainte	enance of property held for production of income (see instructions)	6		
7 Other	expenses (see instructions)	7		
8 Adjus	ted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B -	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	gate fair market value of all non-exempt-use assets (see			
instruc	ctions for short tax year or assets held for part of year):			
a Averaç	ge monthly value of securities	1a		
b Averag	ge monthly cash balances	1b		
c Fair m	arket value of other non-exempt-use assets	1c		
d Total	(add lines 1a, 1b, and 1c)	1d		
e Disco	unt claimed for blockage or other factors			
(explai	in in detail in Part VI):			
2 Acquis	sition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	act line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see ins	structions).	4		
5 Net va	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	ly line 5 by 0.035.	6		
7 Recov	reries of prior-year distributions	7		
8 Minim	num Asset Amount (add line 7 to line 6)	8		
Section C -	Distributable Amount			Current Year
1 Adjust	ted net income for prior year (from Section A, line 8, column A)	1		
2 Enter (0.85 of line 1.	2		
3 Minim	um asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter	greater of line 2 or line 3.	4		
	e tax imposed in prior year	5		
6 Distrik	butable Amount. Subtract line 5 from line 4, unless subject to			
	ency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	anization (see

Schedule A (Form 990) 2021

instructions).

8

9

10

4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 7

Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.

Distributable amount for 2021 from Section C, line 6 10 Line 8 amount divided by line 9 amount

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
Dave and Kelly Burke	30,000.	745.
Eric Roza	75,000.	45,745.
Gregg Goldenberg	91,666.	62,411.
Julian Farrior	50,000.	20,745.
Gene and Maria Frantz	50,000.	20,745.
Total Excess Contributions to Schedule A, Part II, Line 5	1	150,391.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

World Leadership Foundation

Employer identification number 27-0490843

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Funds or Ad	counts. Complete if the
	,,	(a) Donor advised fund	ls	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in d	onor advised fund	ds
	are the organization's property, subject to the organization's e	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant fun	ds can be used o	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any othe	r purpose confer	ring
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes" on F	orm 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreating	on or education) Pres	ervation of a histo	orically important land area
	Protection of natural habitat	Pres	ervation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in	n the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic structure	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	· ·		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or termina	ated by the organ	ization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		andling of	
	violations, and enforcement of the conservation easements it l			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enfo	orcing conservation	on easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing	g conservation ea	sements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	•	. , . , . ,	·· — —
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		=	
	balance sheet, and include, if applicable, the text of the footnotes and include, if applicable, the text of the footnotes are also as a second control of the f	ote to the organization's financ	ial statements th	at describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasure	e or Other S	Similar Accete
ı aı	Complete if the organization answered "Yes" on Form 9	•	es, or other c	miniai Assets.
10	If the organization elected, as permitted under FASB ASC 958		tatament and hal	ance sheet works
Ia	of art, historical treasures, or other similar assets held for publ	•		
	•	,		nce of public
h	service, provide in Part XIII the text of the footnote to its finance.			a shoot works of
b	If the organization elected, as permitted under FASB ASC 958	·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or resea	rch in furtherance	e of public service,
	provide the following amounts relating to these items:			• •
	(i) Revenue included on Form 990, Part VIII, line 1			
^		ourse or other similar seests f		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea-			provide
_	the following amounts required to be reported under FASB AS			• •
a	Revenue included on Form 990, Part VIII, line 1			
a	Assets included in Form 990, Part X			. 🖊 🕽

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	I Form 990 Part X colun	an (R) line 10c)	•	0.

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" on Form 980, Part IV, line 11 th. See Form 980, Part X, line 12. (g) Beactivition Standing organization answered "Yes" on Form 980, Part IV, line 11 th. See Form 980, Part X, line 12. (g) Method of valuation: Cost or end-of-year market value (g) Method of valu	Part VII Investments - Other Securities.			<u> </u>
(1) Financial derivatives (2) Closely held equity inferests (3) Other (A) (A) (B) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		1		
22 Closely hald equity interests	7 7 7 7 7 7	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(3) Other (4) (6) (7) (8) (9) (9) (10) (
A				
(B) (C) (C) (D) (E) (E) (F) (G) (G) (G) (H) (F) (G) (G) (F) (G) (G) (F) (G) (G) (F) (F) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G				
(G) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
C				
Complete				
Fig. Go.				
(6) (4) (701a) (201. (5) must equal form 990, Part X, col. (8) line 12.) ▶ Part VIII Investments - Program Related.				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	(H)			
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 (d) (e) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1)		F 000 B+ IV I'	44 - O - Farm 000 Bart V Fac 40	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				of year market value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. (a) Description (b) Book value (1) Project Advance 5, 450. (2) Deferred Expenses 1, 000. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	·	(b) Book value	(c) Metriod of Valuation. Cost of end-	or-year market value
(8) (9) (9) (17) (8) (9) (9) (18) (9) (19) (19) (10) (10) (10) (10) (10) (11) (11) (11				
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(6) (6) (7) (8) (9) (9) (9) (9) (1) For Assets. 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) Project Advance (5) 450. (2) Deferred Expenses (1) 1,000. (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) Foder Liabilities. 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) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				
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Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. 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 5, 450. (b) Book value 5, 450. (c) Deferred Expenses 1,000. (d) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
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(2) Deferred Expenses 1,000. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		Description		
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
		*		
			-	

Reconciliation of Revenue per Audited Financi Complete if the organization answered "Yes" on Form 990, P.		ue per Return.
Total revenue, gains, and other support per audited financial stateme		1
Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ents	······
Net unrealized gains (losses) on investments	2a	
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIII.)	I I	
Add lines 2a through 2d		2e
Subtract line 2e from line 1		
Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Other (Describe in Part XIII.)		
Add lines 4a and 4b	·	4c
Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I.		
rt XII Reconciliation of Expenses per Audited Finance		
Complete if the organization answered "Yes" on Form 990, P.	art IV, line 12a.	
Total expenses and losses per audited financial statements		1
Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Donated services and use of facilities	2a	
Prior year adjustments	2b	
Other losses		
Other (Describe in Part XIII.)	I I	
Add lines 2a through 2d		2e
Subtract line 2e from line 1		
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Other (Describe in Part XIII.)	4b	
Add lines 4a and 4b		4c
Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part	I. line 18.)	5
rt XIII Supplemental Information.		
ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr		

SCHEDULE O (Form 990)

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.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

World Leadership Foundation

Employer identification number 27-0490843

Form 990, Part 1, Line 1 World Leadership Foundation (www.wortdleadershlpfoundatlon.org) is a global non-profit that is on a mission "to unleash the potential of global communities through technology, teaming, and collaboration." World Leadership Foundation serves rural school partners in the USA and abroad where there are significant funding gaps. Who We Are World Leadership Foundation has worked hard over the last decade to Incubate and grow TeachUNITED (www.teachunlted.org, originally called Tablab), which spun off as its own 501(c)3 non-profit as of Jan 1, 2020. TeachUNITED is pioneering a process for supporting rural school teachers in the USA and abroad through training, resources, and connections. We are very proud of this long journey to launch TeachUNITED. Form 990, Part III, Line 1, Description of Organization Mission: own independent 501(c)(3) non-profit as of January 1, 2020. Without TeachUNITED under its umbrella, World Leadership Foundation focused on funding critical improvements in our global school partners in 2021.

Form 990, Part VI, Section A, line 2:

in-person session for educators.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Schedule O (Form 990) 2021 Page **2**

Name of the organization World Leadership Foundation	Employer identification number 27-0490843
Erin Hawk and Ross Wehner both work at World Leadership Sc	hool, an
educational consultancy that works with K12 schools to rei	magine learning
and create next-generation leaders. Ross Wehner and Bruce	Miller are
brother in laws.	
Form 990, Part VI, Section B, line 11b:	
Members of the board reviewed the 990 in conjunction with	the foundation's
book keeper.	
Form 990, Part VI, Section B, Line 12c:	
Board members were required to have no business dealings w	ith any of the
school entities that received funds. During our board meet	ings, members
affirm that no conflicts of interest exist.	
Form 990, Part VI, Section C, Line 18:	
World Leadership Foundation updates progress on these and	other community
projects on its website:	
http://www.worldleadershipfoundation.org/community-project	s/
Form 990, Part VI, Section C, Line 19:	
No other documents available to the public, but available	to the board and
upon request to interested parties.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

World Leadersh	nip Foundation					<u> 27-04908</u>	843	
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year		s Direct controlling entity)
	-							
Identification of Related Tax-Exempt Organiza	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, b	pecause it had one	or more	related tax-exer	mpt	
organizations during the tax year.							•	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dired	(f) ct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Predominant income Share of total Share of Dispressionals Controlling	Legal Direct controlling Predominant income Share of total Share of Dispressionate Dispressionate	Legal Direct controlling Predominant income Share of total Share of Discognitions Code	ect controlling Predominant income Share of total Share of Discognitionate Code V	Code V-UBI	General o	Percentage		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
World Leadership School - 26-0788336 5595 Sunshine Canyon Drive		Country)						Yes	No
Boulder, CO 80302		со		S CORP					Х

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

1a

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	X
С	Gift, grant, or capital contribution from related organization(s)				1c	X
d	Loans or loan guarantees to or for related organization(s)				1d	X
е	Loans or loan guarantees by related organization(s)				1e	X
f	Dividends from related organization(s)				. 1f	X
g	Sale of assets to related organization(s)				. 1g	X
	Purchase of assets from related organization(s)					X
i	Exchange of assets with related organization(s)				1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>	X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
	Performance of services or membership or fundraising solicitations for related organ	(/				X
	Performance of services or membership or fundraising solicitations by related organ					X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					X
0	Sharing of paid employees with related organization(s)				10	X
	Reimbursement paid to related organization(s) for expenses					<u>X</u>
q	Reimbursement paid by related organization(s) for expenses				1q	X
						X
	Other transfer of cash or property from related organization(s)				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th I	iis line, including covered rela	tionships and transaction thresholds.		
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount	involved	
	Hamo or totaloa organization	type (a-s)	Amount involved	Wethod of determining amount	involved	
(1)						
,						
(2)						
`						
(3)						
(4)						
(5)						
(6)						
3216	11-17-21			Sched	ule R (Form 9	990) 2021

Schedule R (Form 990) 2021

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership
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