#### 8879-TE

#### IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning

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 81-0578379 Pathways to Aviation Thomas J Hall Name and title of officer or person subject to tax Chairman 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. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) Form 990 check here \_\_\_\_\_ ► 1a 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b b Total tax (Form 1120-POL, line 22) Form 1120-POL check here За b Tax based on investment income (Form 990-PF, Part V, line 5) Form 990-PF check here ... > 4a Form 8868 check here ...... > b Balance due (Form 8868, line 3c) 5a Form 990-T check here ..... > b Total tax (Form 990-T, Part III, line 4) 6a Form 4720 check here 7a b FMV of assets at end of tax year (Form 5227, Item D) Form 5227 check here 8a b Tax due (Form 5330, Part II, line 19) 9a Form 5330 check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Form 8038-CP check here 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 I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) 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) an 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 Eide Bailly LLP to enter my PIN 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(ies) 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 entry will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that copy of the return is being filed with a state agency(ies) regulating charities as part of the As an officer or person subject to tax with respect IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication BUSINESS ADVISORS ERO's EFIN/PIN. Enter your six-digit electronic filing identification 41548901696 number (EFIN) followed by your five-digit self-selected PIN. 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 = 08/05/22ERO's signature > Deb Nelson, CPA

**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 **990-EZ**

## \* PUBLIC DISCLOSURE COPY \*\* Short Form

### **Return of Organization Exempt From Income Tax**

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

\_\_Initial return Final return/ terminated

Check if applicable:

and ending For the 2021 calendar year, or tax year beginning D Employer identification number C Name of organization Address change 81-0578379 Pathways to Aviation Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 775-762-9874 P. O. Box 21433 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Reno, 89515 Number > NV Application pending H Check ▶ ☐ if the organization is Cash X Accrual G Accounting Method: Other (specify) not required to attach Schedule B Website: ► N/A Tax-exempt status (check only one) -X 501(c)(3) 501(c) ( ) **◄**(insert no.) (Form 990). K Form of organization: X Corporation Trust Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 44,620. column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 4 Investment income See Schedule O ∂.**4**1. 5a Gross amount from sale of assets other than inventory .5b b Less: cost or other basis and sales expenses 5c c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,<u>0</u>00) of contributions b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross Income and contributions exceeds \$15,000) c Less; direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a 7a Gross sales of inventory, less returns and allowances 7b b Less; cost of goods sold \_\_\_\_\_ c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 44,620 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 26,000. 12 Salaries, other compensation, and employee benefits

See Schedule O

Professional fees and other payments to independent contractors

Occupancy, rent, utilities, and maintenance

Printing, publications, postage, and shipping

Excess or (deficit) for the year (subtract line 17 from line 9)

(must agree with end-of-year figure reported on prior year's return)

Other changes in net assets or fund balances (explain in Schedule 0)

Net assets or fund balances at end of year, Combine lines 18 through 20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at beginning of year (from line 27, column (A))

Other expenses (describe in Schedule 0)

Total expenses. Add lines 10 through 16

Form 990-EZ (2021)

6,742.

2,050.

13,949.

48,741.

-4,121.

10,546.

6,425.

13

14

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16

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18

19

Net 20

	Balance Sheets (see the instructions for Par					
	Check if the organization used Schedule O to					
		J <del></del>	A) Beginning of year	<del></del> -	(B) b	End of year
<b>22</b> 0	Cash, savings, and investments		10,546			6,425.
	and and buildings			23		
<b>24</b> 0	Other assets (describe in Schedule 0)		10 546	24		
	Fotal assets		10,546	_		6,425.
	Total liabilities (describe in Schedule O)		0			0.
27 N	Net assets or fund balances (line 27 of column (B) must agree with li	ne 21)	10,546	• 27		6,425.
Part	Statement of Program Service Accomplish	nments (see the instructi	ons for Part III)		(Deepleed	xpenses
	Check if the organization used Schedule O to		in this Part III			for section and 501(c)(4)
What is	the organization's primary exempt purpose? See Schedul	e 0			organizati	ons; optional for
Describe	the organization's program service accomplishments for each of its three largest pr	ogram services, as measured by expenses.	In a clear and concise		others.)	
	describe the services provided, the number of persons benefited, and other relevant	t information for each program title.				
28 <u>S∈</u>	ee Schedule O					
			·	<u> </u>	_	41 701
(Gr	rants \$ ) If this amount includes fo	reign grants, check here	<u> </u>		28a	41,781.
9						
				<u> </u>		
(Gr	rants \$ ) If this amount includes for	reign grants, check here			29a	
0						
_				N. W	3	
(Gr	rants \$ ) If this amount includes for	reign grants, check here			30a	
1 Oth	her program services (describe in Schedule O)		4			oute to
(Gr	rants \$ ) If this amount includes to	reign grants, check here			318	
2 To	otal program service expenses (add lines 28a through 31a)				32	41,781.
Part	V List of Officers, Directors, Trustees, and K	ev Employees // a				PA III A
				ni eny sea	structions to	or Part IV)
	Check if the organization used Schedule O to			see the in	structions to	or Part IV)
			in this Part IV	(d) Hea	Ith benefits,	(e) Estimated
<b>*</b>	Check if the organization used Schedule O to	(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC/	(d) Hea contrib	Ith benefits, outlons to ree benefit	(e) Estimated amount of other
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NE C	Check if the organization used Schedule O to	(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Hea contril employ plans, a	Ith benefits, outlons to rea benefit and deferred	(e) Estimated amount of other
ete	Check if the organization used Schedule O to  (a) Name and title  Parker	(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Hea contril employ plans, a	Ith benefits, outlons to rea benefit and deferred	(e) Estimated amount of other
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	instructions for Part V.) Check if the organization used Sch. O to resp	ona to	any question i	11 11115	rait		X
						Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	a detailed d	escription of each				
	activity in Schedule O				33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			;			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0. See instructions				34_		<u>X</u>
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	ss activities	(such as those rep	orted			
	on lines 2, 6a, and 7a, among others)?	,,			35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in S	Schedule O			35b	_N/	<u>A</u>
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) n						
	requirements during the year? If "Yes," complete Schedule C, Part III				35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	during the	year? If "Yes,"				
	complete applicable parts of Schedule N				36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a		0.		FLE FLE FTS	7.7%
b	Did the organization file Form 1120-POL for this year?				37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or	were any s	uch loans made		500 1411 800 45 800 45		777017
	in a prior year and still outstanding at the end of the tax year covered by this return?				38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved		N/A			145 247	TEAN TO THE TEAN THE TEAN TO T
39	Section 501(c)(7) organizations. Enter:	212	_			787 230	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Initiation fees and capital contributions included on line 9	39a	N/A			PAL PEXAL	
	Gross receipts, included on line 9, for public use of club facilities		N/A		(32) (32) (32)		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:						
_	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 495	55 🕨	(	<u>)</u>			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 495		enefit ====================================				La E
•	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	en reported	on any	糖		2	*****
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		Ť.	i Aga	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	49	. P . s. P				12
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	.y.a 🏲	93. J. NT	0.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed				Links Links		1000 A
_	by the organization			0.	12.00		ALZE
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter						
\$2.5 \$2.5	transaction? If Yes," complete Form 8886-1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		40e		<u> X</u>
41	List the states with which a copy of this return is filed  None						
	The organization's books are in care of Fide Bailly LLP	Tele	phone no. $\triangleright 77$	<u>5-33</u>	<u>7 – 3</u>	<u>930</u>	
	Located at ▶ 5441 Kietzke Ln., Ste. 150, Reno, NV		ZIP + 4	4 ▶ 8	<u>951</u>	<u>1-2</u>	<u>094</u>
h	At any time during the calendar year, did the organization have an interest in or a signature or other authori	ity					
-	over a financial account in a foreign country (such as a bank account, securities account, or other financial					Yes	No
	account)?				42b		X
	If "Yes," enter the name of the foreign country						
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank at	nd Financia	l Accounts (FBAR).				
c	At any time during the calendar year, did the organization maintain an office outside the United States?				42c		X
٠	If "Yes," enter the name of the foreign country						
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here					🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year		▶ 43		N/A		
						Yes	No
11 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be comple	eted instead	of				
770	Form 990-EZ				44a		X
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be cor	npleted ins	tead		100.000	A. J. 1984. S	
D	of Form 990-EZ				44b	_4 13.572711.4	X
_	Did the organization receive any payments for indoor tanning services during the year?			,,,,,,,	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an expl		,,.,,		Til Tank	THE ASSESSMENT	
d					44d		444
45	in Schedule O  Did the organization have a controlled entity within the meaning of section 512(b)(13)?		,		45a		X
45 a	Did the organization have a controlled entity within the meaning of section 512(5)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within	the meanin	a of section		404		
þ	DIO the organization receive any payment from or engage in any transaction with a communic entity within the property of the second of Form 200 E7. See inc.	aio meaniii Striictione	g 01 3000011		45b		2015-10-2
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See ins	ai u GuUTIS	***************************************		Form 9		

Form 990-EZ (2021)

			-					Yes	No
6 Did the or	ganization engage, directly or indirectly, in pol	itical campaign activities o	n behalf of or ir	opposition to can	didates for pu	blic office?		- Inflation	
lf "Yes," c	omplete Schedule C, Part I						46		<u>X</u>
	Section 501(c)(3) Organizations								
	All section 501(c)(3) organizations must a	nswer questions 47-49	b and 52, and	complete the ta	bles for lines	50 and 51.			
	Check if the organization used Schedule	O to respond to any qu	estion in this	Part VI					
								Yes	No
	ganization engage in lobbying activities or hav								.,
	omplete Sch. C, Part II								X
	anization a school as described in section 170								X
	ganization make any transfers to an exempt no								<u> </u>
b If "Yes," w	as the related organization a section 527 organ	nization?					495		
	this table for the organization's five highest co			s, airectors, truste	es, and key en	ipioyees) who	each	eceivea	nore
than \$100	,000 of compensation from the organization.	t there is none, enter "Non		hours (a)	D	(d) Health bene	ofite	(e) Estim	nated
	(a) Name and title of each employee		(b) Average per week dev	otod to compe	Reportable Insation (Forms	contributions employee ben	to a	nount of	
	NON	E	position		/1099-MİSC/ 099-NEC)	plans, and defe compensatio	rred r	compens	ation
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				ž <sup>as</sup>	, 89	and the	13	Paul Paul Paul Paul Paul	E.
			891.				9257	2.4	
(a) N	ame and business address of each independer	nt contractor		(в) Туре о	f service		c) Com	pensatio	<u>n</u>
2									
Ĭ.									
=/.									
d Total num	ber of other independent contractors each rec	olying over \$100,000							
	ganization complete Schedule A? <b>Note</b> ; All se		,.,						
	·						X	Yes [	No
	of perjury, I declare that I have examined this			s and statements,	and to the bes	t of my knowl	ledge aı	nd belief,	it is
ie, correct, ar	nd complete. Declaration of preparer (other tha	n officer) is based on all is	nformation of w	hich preparer has a	any knowledge	).			
ign	Signature of officer					Date			
lere	Thomas J Hall, Chai	rman						<u> </u>	
		Preparer's signature		Date	Check	if PTIN			
	Print/Type preparer's name	Lieharot a signature		5410	self- emplo				
aid	Dob Nolgon CDA	Deb Nelson,	CPA	08/05/22	1		126	4758	
reparer			CLW	00/03/42	Eirmia Eisi	► 45-0			
se Only	Firm's name ► Eide Bailly Firm's address ► 800 Nicolle	uur + Mall C+^	1300	···	Phone no.	612-2	53-	6500	
	Minnospolia	, MN 55402-	7033		Fuotie IIO.	<u> </u>	<u> </u>		
IDO . "						_	X	Vae T	No
ay the IRS dis	scuss this return with the preparer shown above	AR See HURTINGTIOUR					43	62	INU

132174 12-08-21

#### SCHEDULE A (Form 990)

Department of the Treasury

Total

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. Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Name of the organization

81-0578379 Pathways to Aviation Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts: from 10 L 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 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of other (v) Amount of monetary (iii) Type of organization (i) Name of supported in your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization Nο Yes above (see instructions))

Schedule A (Form 990) 2021 Pathways to Aviation 81-0578379 Page 2

[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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and				_		
	membership fees received. (Do not						
	include any "unusual grants.")	41,447.	33,533.	59,011.	45,375.	44,619.	223,985.
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						
1	Total. Add lines 1 through 3	41,447.	33,533.	59,011.	45,375.	44,619.	223,985.
	The portion of total contributions		TOTAL WILLS TOTAL		TON HIME		
J	by each person (other than a			- Comment of the comm			
	governmental unit or publicly						
	supported organization) included	A CAMPIAN	NAME OF THE PARTY			7.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1.1 (	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	The second secon					
	and the second of the second o	a Control of the					91,145.
_	** ************************************			The second secon		75 - NET - NET - 1	132,840.
	Public support, Subtract line 5 from line 4.				At 1410 1.13 1.4 facts man		
		(-) 2017	(h) 2019	(c) 2019	(d) 2020	(e) 2021	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017 41,447.	(b) 2018 33,533.	59,011.	45,375.	44,619.	223,985.
	Amounts from line 4	41,447.	33,333.		9	** ***********************************	Control of the Contro
8	Gross income from interest,		willing.		8,04		<i>₩</i>
	dividends, payments received on	i		Ŋ.	H		
	securities loans, rents, royalties,	3.6		20.	6.	1.	60.
	and income from similar sources	26.	7.		0.	1.0	00.
9	Net income from unrelated business	\$					
	activities, whether or not the		•				
3 %	business is regularly carried on	and the second					
10	Other income. Do not include gain						
g g	or loss from the sale of capital						
	assets (Explain in Part VI.)				: 02.45 (\$16.5) (\$1.90.9)	Lower of the control	004 045
11	Total support. Add lines 7 through 10		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		i Biji Mandibi	The state of the s	224,045.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and sto						
	tion C. Computation of Publ					· · · · · · · · · · · · · · · · · · ·	FO 00
	Public support percentage for 2021 (					14	59.29 %
15	Public support percentage from 2020	Schedule A, Part I	II, line 14	.,,		15	66.49 %
16a	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	ınd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e, Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to						<b>.</b>
b	10% -facts-and-circumstances test					7a, and line 15 is 1	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization						<b></b> ▶
	<u> </u>						(Form 990) 2021

:98500<sup>1</sup>

### Schedule A (Form 990) 2021 Pathways to Aviation Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	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.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						<u>.</u>
7 2	Amounts included on lines 1, 2, and 3 received from disqualified persons					:4 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				100 miles (100 miles (		
	Add lines 7a and 7b	·					
	Public support. (Subtract line 7c from line 6.)					Fig. 15 Car. Dr. 17 Charles Standards Car. Car. Car. Car. Car. Car. Car. Car.	
	ction B. Total Support			Company of the Compan			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		•				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ie organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						<b>.</b>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2021 (li			column (f))	,	15	<u>%</u>
	Public support percentage from 2020					16	<u>%</u>
	ction D. Computation of Inves			40 1 (0)	·	I I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18 2 1/3% and line 1	% is not
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box an						
t	33 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, chec						▶ □
วกั	Private foundation. If the organization						
	I I PALE IVALIACIONI II INC VIGANIZANO	.,					· · · · · · · · · · · · · · · · · · ·

#### 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 only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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
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Pai	Market Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	7007 02 Cilian 2 77 Cilian		CYPERIO -
	A person who directly or indirectly controls, either alone or together with persons described on fines 11b and			224
-	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		2 1.3 2 2.3	
Ū	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		TOTAL CONTROL OF THE PROPERTY
_	Did the organization operate for the benefit of any supported organization other than the supported		5 . II	Militar :
2				SANCE C
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		t. Y	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2	a sta	AUDE :
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			L
360	tion o. Type it supporting organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		7.42	INU
1				Sa al
	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		i SpyEkz	
200	the supported organization(s). tion D. All Type III Supporting Organizations		724 724	140.5 1200.
Sec	tion D. All Type in Supporting Organizations		Yes	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	Part Company	Yes	No
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
4	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).	2	eranimana.	uris camana a
3	95 (\$166.89)			
3.	significant voice in the organization's investment policies and in directing the use of the organization's	Trigok E.		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	a Niberia		20000000000000000000000000000000000000
		3	ind: .40	**************************************
5~~	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		- i	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	itruction	Yes	Na
2	Activities Test. Answer lines 2a and 2b below.		105	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ATELET ZOS	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			WIDAS WILL
	how the organization was responsive to those supported organizations, and how the organization determined	r interi	12174111100 12174111100	DEVIRARIN'
	that these activities constituted substantially all of its activities.	2a	3000000	ILANGUAR VI
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			Tables .
	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	1,2,5164	95595504
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			17824
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	t-(/	An arrangement and
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1000 1 1000 X		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		L

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust o	Nov. 20, 1970 ( <i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	mplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		· · · · · · · · · · · · · · · · · · ·
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see	- 185 - 150 - 150		
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	10		-
d	Total (add lines 1a, 1b, and 1c)	1d		2
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2.		
3	Subtract line 2 from line 1d.	3		Section 1 Control of the Control of
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4	1.05	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	- 5		
6	Multiply line 5 by 0,035.	6		
7	Recoveries of prior year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	The second secon	
Sect	ion C Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		<u></u>
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orga	nization (see
-	instructions)			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2021 from Section C, line 6 10 Line 8 amount divided by line 9 amount (iii) (ii) (i) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2021 Pre-2021 Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions, 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 Carryover from 2016 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 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. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 CARACTE AND A tilitin kati d Excess from 2020 e Excess from 2021

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
L.L. Cord Foundation	45,000.	40,519
Eric Henry	26,300.	21,819
Fom Hall	17,250.	12,769
International Society of Transport Aircraft Trading Foundation	20,000.	15,519
John and Aurora Culkin Fund	5,000.	519
	in design	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	· · · · · · · · · · · · · · · · · · ·	
otal Excess Contributions to Schedule A, Part II, Line 5		91,145

#### \*\* PUBLIC DISCLOSURE COPY \*/

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

	Pathways to Aviation	81-0578379
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling iny one contributor. Complete Parts I and II. See instructions for determining a contributor	
sections 509(a)( contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (6) instead of the contributor name and address), II, and III.	cientific,
year, contribution is checked, enter purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from one exclusively for religious, charitable, etc., purposes, but no such contributions totaled mer here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it able, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received nonexclusively
answer "No" on Part IV, I	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF (ling requirements of Schedule B (Form 990).	
LHA For Paperwork Redu	action Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)

Employer identification number

Pathways	to	Aviation
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81-0578379

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$10,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c) Total contributions	(d) Type of contribution		
No. 3	Name, address, and ZIP + 4	\$ 10,250.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$5,000.	Person X Payroll Noncash (Complete Part It for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)		

Employer identification number

#### Pathways to Aviation

81-0578379

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$	¥		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$	<u>:</u>		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Employer identification number

athwa	ays to Aviation		81-0578379				
Part III	from any one contributor. Complete columns (a) t	brough (e) and the following line entry. F	n 501(c)(7), (8), or (10) that total more than \$1,000 for the year organizations				
	completing Part III, enter the total of exclusively religious, ch	aritable, etc., contributions of \$1,000 or less	for the year. (Enter this info. once.)				
(a) No.	Use duplicate copies of Part III if additional sp	pace is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
TURE							
-							
		(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
.	Transferee 3 maine, address, and Zir + 4						
(a) No.			T				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Parti							
			では、				
-			The second secon				
i		(e) Transfer of gift					
	Transferee's name, address, and	7IP + 4	Relationship of transferor to transferee				
Ī	· · · · · · · · · · · · · · · · · · ·		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
(a) No		a Arabina - Arabina					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
1145							
-		6.3.90					
	(e) Transfer of gift						
Ì	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
(a) No.		<u> </u>					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		A					
-							
-		(a) Tanantan at alte					
	(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
1							

#### 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.

OMB Na. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 81-0578379 Pathways to Aviation Form 990-EZ, Part I, Line 4, Other Investment Income: Description of Property: Amount: 1. Interest Income Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: 9,700. Education 218. Bank Charge 1,319. Insurance ,430. Dues and Subscriptions 163. Office Supplies 600. Web Hosting Computer Software and Maintenance 469. 50. Other Expenses 13,949. Total to Form 990-EZ, line 16 Form 990-EZ, Part III, Primary Exempt Purpose - To inform, inspire, and engage aviation's current and future labor force. Form 990-EZ, Part III, Line 28, Program Service Accomplishments: Pathways to Aviation provides the engine to leverage legacy programs, instruction, and partnerships to facilitate educational success, labor force growth, and economic vitality. Pathways to Aviation education programs: -Introduce aviation to K-12 students through career exploration

#### Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the	or the 2021 calendar year, or tax year beginning and ending						
В	Check if applicat	C Stamp of graphization			D Employer identification number			
	Addr	ess change	_					
	Nam	change Pathways to Aviation		81-0578379				
	initia	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite	į.	E Telephone number				
	Final termi	return/ P. O. Box 21433		775-762-9874				
		City or town, state or province, country, and ZIP or foreign postal code	1	F Group Exemption				
		alion panding Reno, NV 89515		mber 🛌	7			
		iting Method: Cash X Accrual Other (specify)	1		if the organization is			
		e: ▶N/A	-	not required to attach Schedule B				
		empt status (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no.) 4947(a)(1) or 52	7] (Foi	rm 990).				
		forganization: X Corporation Trust Association Other						
L		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Par			44 620			
·w		(B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ  Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst		for Dart IV	44,620.			
P	art I							
_	т.	Check if the organization used Schedule O to respond to any question in this Part		1	44,619.			
	1	Contributions, gifts, grants, and similar amounts received		2	44,015 <u>.</u>			
	2	Program service revenue including government fees and contracts		3				
	3	Membership dues and assessments		4	1.			
	4	Investment income See Schedule O						
	5a	Gross amount from sale of assets other than inventory 5a  Less; cost or other basis and sales expenses 5b						
	b	Edda, dedt di della data data data data data data data d	,	5c				
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		200				
	6	Gaming and fundraising events:						
ne	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		S E				
Revenue	Ι.	ψ.ογονγ						
Re	0	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such						
		gross income and contributions exceeds \$15,000)  6b						
		growth mount of the state of th		Ly La				
	6	Less: direct expenses from gaming and fundraising events  Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d				
	] 0	Gross sales of inventory, less returns and allowances 7a						
	7a	Less; cost of goods sold 7b	-					
	"	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c				
	8	Other revenue (describe in Schedule O)		8				
	9	Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	44,620.			
	10	Grants and similar amounts paid (list in Schedule 0)		10				
	11	Benefits paid to or for members		11				
	19	Salaries, other compensation, and employee benefits		12	26,000.			
Ses	13	Professional fees and other payments to independent contractors		13	6,742.			
Expenses	14.	Occupancy, rent, utilities, and maintenance		14				
Ä	15	Printing publications postage and shipping		15	2,050.			
	16	Other expenses (describe in Schedule O)  See Schedule O		16	13,949.			
	17	Total expenses. Add lines 10 through 16	🕨	17	48,741.			
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	-4,121.			
	19	Net assets or fund balances at beginning of year (from line 27, column (A))		423				
	'	(must agree with end-of-year figure reported on prior year's return)		19	10,546.			
	20	Other changes in net assets or fund balances (explain in Schedule 0)		20	0.			
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<u> ▶</u>	21	6,425.			
	A For	Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2021)			

Pε	ırt II	Balance Sheets (see the instructions for Part II)						
		Check if the organization used Schedule O to resp	ond to any quest					
				(A) Beginning of year		(B) E	nd of year	
22	Cash,	savings, and investments		10,546			6,	<u>425.</u>
23	Land	and buildings			23			
24	Other	assets (describe in Schedule 0)			24			405
25	Total	assets		10,546	_		6,	<u>425.</u>
26	Total	liabilities (describe in Schedule 0)	.,,,	0				0.
27	Net a	ssets or fund balances (line 27 of column (B) must agree with line 21)		10,546	• 27		6,	425.
Рε	irt III	Statement of Program Service Accomplishmen					penses	
		Check if the organization used Schedule O to resp	ond to any quest	on in this Part III	X	(Required 501(c)(3)		
 Wha	t is the o	organization's primary exempt purpose? See Schedule O				organizati		
Desc.	ribe the or	rganization's program service accomplishments for each of its three largest program se	rvices, as measured by exper	ses. In a clear and concise		others.)		
mann	er, descri	be the services provided, the number of persons benefited, and other relevant informati	on for each program title.					
28	See	Schedule O						
	(Grants	) If this amount includes foreign g	rants, check here	<u></u>		28a	41,	<u>781.</u>
29								
	(Grants	) If this amount includes foreign g	rants, check here	<b>&gt;</b>		29a		
30								
	(Grants	\$ ) If this amount includes foreign g	rants, check here			30a		
	(Grants	•				31a		
39	Total	program service expenses (add lines 28a through 31a)			🕨	32		781.
Pε	rt IV	List of Officers, Directors, Trustees, and Key En	nployees (list each o	one even if not compensated - :	see the i	nstructions fo	r Part IV)	
<u> تحتینی</u>		Check if the organization used Schedule O to resp						
			(b) Average hours	(C) Reportable		alth benefits,	(e) Est	imated
		(a) Name and title	per week devoted to		emplo	butions to benefit	amount	
		(a) Harris and Sixe	position	1099-NEC) (if not paid, enter -0-)		and deferred pensation	comper	isation
Pe	ter	Parker						
_		tive Director	40.00	26,000.		0.		0.
		s Hall						
	air		1.00	0.		0.		0.
		lenry						
		(Left Mid-Year)	1.00	0.		0.		0.
		ajacic						
		Chair/ Secretary	1.00	0.		0.		0.
		arkin						
	easi		1.00	0.		0.		0.
	ah (							
	uste		1.00	0.		0.		0.
ႌ	w+ I							
	uste		1.00	0.		0.		0.
			1.00					
		Flatley	1.00	0.		0.		0.
	uste		1.00	- · · · · ·	<u> </u>			
		McFarlane	1.00	0.		0.		0.
	uste		1.00		<u> </u>	<u> </u>		
		Meisinger	1 00	0.		0.		0.
	uste		1.00	U.		U •		
		/ Mora	1 00	_		0.		0.
<u>Tr</u>	uste	ee	1.00	0.	<del> </del>	U •	<u> </u>	U +
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instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each Х 33 activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended 34 X documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0. See instructions 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported Х 35a on lines 2, 6a, and 7a, among others)? N/Ab If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax Х 35c requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," Х 36 complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes," complete Schedule L, Part II, and enter the total amount involved \_\_\_\_\_\_ Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any 40b of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part ! c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. ..... e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed ▶ None Telephone no.  $\triangleright 775 - 337 - 3930$ 42a The organization's books are in care of ▶ Eide Bailly LLP ▶ 89511-2094 Located at ▶ 5441 Kietzke Ln., Ste. 150, Reno, NV b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b ...... If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/Aand enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead X of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions Form 990-EZ (2021)

Page 4

Form 990-EZ (2021)