

Form **990**

# 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

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/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

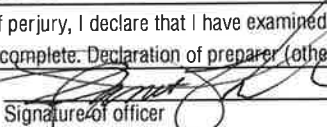
**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

|  |  |  |  |
|--|--|--|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>SJOGREN'S FOUNDATION, INC.</b>         |  | <b>D</b> Employer identification number<br><b>11-2779073</b> |
|  | Doing business as  |  | <b>E</b> Telephone number<br><b>301-530-4420</b>             |
|  | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite   |  |
|  | <b>10701 PARKRIDGE BLVD</b>  |  | <b>170</b>   |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>RESTON, VA 20191</b>  |  | <b>G</b> Gross receipts \$ <b>3,121,720.</b>   |  |
| <b>F</b> Name and address of principal officer: <b>JANET CHURCH</b><br><b>SAME AS C ABOVE</b>  |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |  |
| <b>J</b> Website: <b>WWW.SJOGRENS.ORG</b>  |  | If "No," attach a list. See instructions   |  |
| <b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other  |  | <b>H(c)</b> Group exemption number   |  |
| <b>L</b> Year of formation: <b>1983</b>  |  | <b>M</b> State of legal domicile: <b>NY</b>  |  |

| Part I Summary   |  | Prior Year                              | Current Year              |
|--|--|---|---------------------------|
| Activities & Governance  | 1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O FOR DESCRIPTION OF ORGANIZATION'S PRIMARY MISSION.</b> |   |                           |
|  | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.              |   |                           |
|  | 3 Number of voting members of the governing body (Part VI, line 1a)  | 3                                       | 16                        |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)  | 4                                       | 16                        |
|  | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)   | 5                                       | 16                        |
|  | 6 Total number of volunteers (estimate if necessary)   | 6                                       | 604                       |
|  | 7a Total unrelated business revenue from Part VIII, column (C), line 12  | 7a                                      | 20,500.                   |
| 7b Net unrelated business taxable income from Form 990-T, Part I, line 11    | 7b   | 0.                                      |                           |
| Revenue  | 8 Contributions and grants (Part VIII, line 1h)  | 2,505,185.                              | 2,391,109.                |
|  | 9 Program service revenue (Part VIII, line 2g)   | 427,253.                                | 514,416.                  |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 17,070.                                 | 18,003.                   |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 12,094.                                 | 19,952.                   |
|  | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 2,961,602.                              | 2,943,480.                |
| Expenses   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 620,500.                                | 175,255.                  |
|  | 14 Benefits paid to or for members (Part IX, column (A), line 4)   | 0.                                      | 0.                        |
|  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 1,623,685.                              | 1,473,225.                |
|  | 16a Professional fundraising fees (Part IX, column (A), line 11e)  | 0.                                      | 0.                        |
|  | b Total fundraising expenses (Part IX, column (D), line 25) <b>205,458.</b>  |   |                           |
|  | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 686,731.                                | 673,964.                  |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,930,916.   | 2,322,444.                              |                           |
| 19 Revenue less expenses. Subtract line 18 from line 12                      | 30,686.  | 621,036.                                |                           |
| Net Assets or Fund Balances  | 20 Total assets (Part X, line 16)  | Beginning of Current Year<br>2,612,292. | End of Year<br>2,799,424. |
|  | 21 Total liabilities (Part X, line 26)   | 1,048,293.                              | 728,882.                  |
|  | 22 Net assets or fund balances. Subtract line 21 from line 20  | 1,563,999.                              | 2,070,542.                |

**Part II Signature Block**

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

|                        |   |   |  |
|------------------------|---|---|--|
| Sign Here              |  | Date  | 11/10/2022                                   |
|                        | <b>JANET CHURCH, CHIEF EXECUTIVE OFFICER</b>  |   |  |
|                        | Type or print name and title  |   |  |
| Paid Preparer Use Only | Print/Type preparer's name<br><b>ANDREW E. YOUNG, CPA</b>                           | Preparer's signature<br><b>ANDREW E. YOUNG, CPA</b> | Date<br><b>11/10/22</b>                      |
|                        | Firm's name <b>RENNER AND COMPANY CPA, P.C.</b>                                     | Firm's EIN <b>54-1498950</b>                        | Check <input type="checkbox"/> self-employed |
|                        | Firm's address <b>700 NORTH FAIRFAX STREET SUITE 400 ALEXANDRIA, VA 22314</b>       | Phone no. <b>(703) 535-1200</b>                     | PTIN <b>P01203950</b>                        |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE FOUNDATION'S MISSION IS TO PROVIDE EDUCATION AND RESOURCES TO SJOGREN'S PATIENTS AND THEIR LOVED ONES, PROVIDE CREDIBLE RESOURCES/EDUCATION TO HEALTHCARE PROFESSIONALS, SERVE AS THE VOICE FOR ALL SJOGREN'S PATIENTS AND LEAD AND FUND INNOVATIVE RESEARCH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No 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 \$ 509,900. including grants of \$ 175,255. ) (Revenue \$ ) THE SJOGREN'S FOUNDATION AWARDED THREE RESEARCH GRANTS TO UNIVERSITY AFFILIATED RESEARCHERS IN MAY 2022. THE FOUNDATION ALSO OPENED A NEW GRANT FOR DYSAUTONOMIA IN SJOGREN'S. WORK IN THE BIOMARKER'S CONSORTIUM AND THE FNIH AMP AIM RESEARCH ON BIOMARKERS IN AUTOIMMUNE DISEASES CONTINUES. THE SJOGREN'S FOUNDATION FUNDED THE NEW LIVING WITH SJOGREN'S PATIENT SURVEY IN 2021 AND BEGINNING IN 2022 THE FOUNDATION, IS UTILIZING THE FINDINGS TO HIGHLIGHT THE EXPERIENCES PATIENTS HAVE ON A DAILY BASIS WHILE LIVING WITH THIS DISEASE.

4b (Code: ) (Expenses \$ 197,838. including grants of \$ ) (Revenue \$ 6,017. ) NEWSLETTER - THE FOUNDATION PRODUCES TWO NEWSLETTERS. "CONQUERING SJOGREN'S" IS A PATIENT FOCUSED NEWSLETTER WITH INFORMATION ABOUT SJOGREN'S AND ITS MANY MANIFESTATIONS. CS IS PRODUCED BI-MONTHLY. THE "SJOGREN'S QUARTERLY" IS A PROFESSIONAL PUBLICATION PRODUCED 4 TIMES A YEAR AND OFFERED FREE TO ALL HEALTHCARE PROFESSIONALS TO INCREASE AWARENESS AND EDUCATION AROUND SJOGREN'S.

4c (Code: ) (Expenses \$ 574,362. including grants of \$ ) (Revenue \$ ) AWARENESS ACTIVITIES HELP TO PROMOTE SJOGREN'S AND EDUCATE POTENTIAL PATIENTS THROUGH MEDIA AND PUBLIC RELATIONS. THESE PROGRAMS INCLUDE SPEAKING AT PROFESSIONAL CONFERENCES AS WELL AS DISTRIBUTING EDUCATIONAL MATERIALS TO THE PUBLIC AND TO HEALTHCARE PROFESSIONALS. IN JANUARY 2022, THE FOUNDATION LAUNCHED ITS FIRST PROFESSIONAL CONFERENCE, THE STATE OF SJOGREN'S, TARGETING ALL PROVIDERS IN ANY SPECIALTY, RESEARCHERS, AND CORPORATE SCIENTISTS INTERESTED IN THE FIELD OF SJOGREN'S. ADDITIONALLY, THE FOUNDATION PARTNERED WITH PRI-MED TO PRESENT A SJOGREN'S CME COURSE FOR PRIMARY CARE PROVIDERS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 710,382. including grants of \$ ) (Revenue \$ 417,058.)

4e Total program service expenses 1,992,482.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 16; 1b Enter the number of voting members included... 16; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 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... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 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? X; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CO, FL, IL, MD, MN, MS, NH, OH, OR, TN, UT, VA
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) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records SJOGREN'S FOUNDATION - 301-530-4420 10701 PARKRIDGE BLVD, SUITE 170, RESTON, VA 20191

**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.

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

| (A)<br>Name and title                     | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) DONALD E. THOMAS, MD<br>CHAIRMAN      | 2.00  | X  |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (2) ALAN BAER, MD<br>MSAB CHAIRMAN        | 2.00  | X  |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (3) SUSAN BARAJAS<br>CHAIR-ELECT          | 2.00  | X  |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (4) AVA WU, DDS<br>TREASURER              | 2.00  | X  |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (5) DAVID SCHRADER<br>SECRETARY           | 2.00  | X  |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (6) ALLISSA LATHAM<br>DIRECTOR            | 2.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (7) CHADWICK JOHR, MD<br>DIRECTOR         | 2.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (8) JASON NICHOLS, OD, PHD<br>DIRECTOR    | 2.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (9) JONATHAN MORSE, MSC<br>DIRECTOR       | 2.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (10) KATIE FORTE<br>DIRECTOR              | 2.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (11) KIM KELLEY, PHARM D<br>DIRECTOR      | 2.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (12) MONICA MCGILL, ED.D.<br>DIRECTOR     | 2.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) ROBYN LAUKIEN<br>DIRECTOR            | 2.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) TAMMY DOTSON<br>DIRECTOR             | 2.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (15) THERSA LAWRENCE FORD, MD<br>DIRECTOR | 2.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (16) VIDYA SANKAR, DMD, MHS<br>DIRECTOR   | 2.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (17) JANET CHURCH<br>PRESIDENT AND CEO    | 40.00   |  |                       | X       |              |                              |        | 286,490.  | 0.   | 9,264.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) KATHERINE MORLAND<br>VICE PRESIDENT OF MEDICAL & SCIENTIF       | 40.00   |   |                       |         | X            |                              |        | 161,860.  | 0.   | 3,081.  |
| (19) SHERIESE DEFRUSCIO<br>VICE PRESIDENT OF CORPORATE RELATION      | 40.00   |   |                       |         |              | X                            |        | 140,916.  | 0.   | 18,586.   |
| (20) BEN BASLOE<br>VICE PRESIDENT OF PHILANTHROPY                    | 40.00   |   |                       |         |              | X                            |        | 136,680.  | 0.   | 21,376.   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              |        | 725,946.  | 0.   | 52,307.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              |        | 725,946.  | 0.   | 52,307.   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



**Part VIII Statement of Revenue**

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

|  |   |   | (A)            | (B)                                | (C)                        | (D)  |          |
|--|---|---|----------------|------------------------------------|----------------------------|--|----------|
|  |   |   | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |          |
| Contributions, Gifts, Grants and Other Similar Amounts   | <b>1 a</b> Federated campaigns  | <b>1a</b>   |                |                                    |                            |  |          |
|  | <b>b</b> Membership dues  | <b>1b</b>   |                |                                    |                            |  |          |
|  | <b>c</b> Fundraising events   | <b>1c</b>   | 319,514.       |                                    |                            |  |          |
|  | <b>d</b> Related organizations  | <b>1d</b>   |                |                                    |                            |  |          |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>   |                |                                    |                            |  |          |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>   | 2,071,595.     |                                    |                            |  |          |
|  | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>   | \$ 64,051.     |                                    |                            |  |          |
|  | <b>h Total.</b> Add lines 1a-1f   |   |                | 2,391,109.                         |                            |  |          |
| Program Service Revenue  | <b>2 a</b> MEMBERSHIP DUES  | Business Code   | 541900         | 251,598.                           | 251,598.                   |  |          |
|  | <b>b</b> CONFERENCE   |   | 541900         | 236,301.                           | 129,301.                   | 107,000.   |          |
|  | <b>c</b> ADVERTISING  |   | 541800         | 20,500.                            |                            | 20,500.  |          |
|  | <b>d</b> NEWSLETTER   |   | 541900         | 6,017.                             | 6,017.                     |  |          |
|  | <b>e</b>  |   |                |                                    |                            |  |          |
|  | <b>f</b> All other program service revenue  |   |                |                                    |                            |  |          |
|  | <b>g Total.</b> Add lines 2a-2f   |   |                | 514,416.                           |                            |  |          |
| Other Revenue  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |   |                | 24,989.                            |                            | 24,989.  |          |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds                             |   |                |                                    |                            |  |          |
|  | <b>5</b> Royalties  |   |                | 2,800.                             |                            | 2,800.   |          |
|  | <b>6 a</b> Gross rents  | <b>6a</b>   | (i) Real       |                                    |                            |  |          |
|  |   |   | (ii) Personal  |                                    |                            |  |          |
|  |   |   |                |                                    |                            |  |          |
|  | <b>b</b> Less: rental expenses  | <b>6b</b>   |                |                                    |                            |  |          |
|  | <b>c</b> Rental income or (loss)  | <b>6c</b>   |                |                                    |                            |  |          |
|  | <b>d</b> Net rental income or (loss)  |   |                |                                    |                            |  |          |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory                       | <b>7a</b>   | (i) Securities | 134,257.                           |                            |  |          |
|  |   |   | (ii) Other     |                                    |                            |  |          |
|  |   |   |                | 129,117.                           | 12,126.                    |  |          |
|  |   |   |                | 5,140.                             | -12,126.                   |  |          |
| <b>d</b> Net gain or (loss)  |   |   | -6,986.        |                                    | -6,986.                    |  |          |
| <b>8 a</b> Gross income from fundraising events (not including \$ 319,514. of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |   |                | 0.                                 |                            |  |          |
|  |   | <b>b</b> Less: direct expenses                        | <b>8b</b>      | 19,007.                            |                            |  |          |
|  |   | <b>c</b> Net income or (loss) from fundraising events |                |                                    | -19,007.                   |  | -19,007. |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19   | <b>9a</b>   |   |                |                                    |                            |  |          |
|  |   | <b>b</b> Less: direct expenses                        | <b>9b</b>      |                                    |                            |  |          |
|  |   | <b>c</b> Net income or (loss) from gaming activities  |                |                                    |                            |  |          |
| <b>10 a</b> Gross sales of inventory, less returns and allowances  | <b>10a</b>  |   | 47,381.        |                                    |                            |  |          |
|  |   | <b>b</b> Less: cost of goods sold                     | <b>10b</b>     | 17,990.                            |                            |  |          |
|  |   | <b>c</b> Net income or (loss) from sales of inventory |                |                                    | 29,391.                    | 29,391.  |          |
| Miscellaneous Revenue  | <b>11 a</b> MISCELLANEOUS INCOME  | Business Code   | 541900         | 6,768.                             | 6,768.                     |  |          |
|  | <b>b</b>  |   |                |                                    |                            |  |          |
|  | <b>c</b>  |   |                |                                    |                            |  |          |
|  | <b>d</b> All other revenue  |   |                |                                    |                            |  |          |
|  | <b>e Total.</b> Add lines 11a-11d   |   |                | 6,768.                             |                            |  |          |
| <b>12 Total revenue.</b> See instructions  |   |   | 2,943,480.     | 423,075.                           | 20,500.                    | 108,796.   |          |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 175,255.              | 175,255.                        |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   | 500,734.              | 427,427.                        | 34,050.                                | 39,257.                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 765,286.              | 690,342.                        | 20,895.                                | 54,049.                     |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....   | 23,194.               | 19,738.                         | 1,643.                                 | 1,813.                      |
| <b>9</b> Other employee benefits .....  | 101,711.              | 90,226.                         | 4,118.                                 | 7,367.                      |
| <b>10</b> Payroll taxes .....   | 82,300.               | 72,662.                         | 3,572.                                 | 6,066.                      |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   |                       |                                 |  |                             |
| <b>b</b> Legal .....  | 9,184.                |                                 | 9,184.                                 |                             |
| <b>c</b> Accounting .....   | 31,736.               |                                 | 31,736.                                |                             |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   | 7,207.                |                                 | 7,207.                                 |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 43,035.               | 39,318.                         | 358.                                   | 3,359.                      |
| <b>12</b> Advertising and promotion .....   |                       |                                 |  |                             |
| <b>13</b> Office expenses .....   |                       |                                 |  |                             |
| <b>14</b> Information technology .....  | 17,992.               | 15,884.                         | 782.                                   | 1,326.                      |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 89,377.               | 78,911.                         | 3,879.                                 | 6,587.                      |
| <b>17</b> Travel .....  | 6,773.                | 6,773.                          |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  | 18,500.               | 18,500.                         |  |                             |
| <b>20</b> Interest .....  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 41,336.               | 36,495.                         | 1,794.                                 | 3,047.                      |
| <b>23</b> Insurance .....   | 18,204.               | 16,071.                         | 791.                                   | 1,342.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> <b>PRINTING, DUPLICATING,</b>  | 76,642.               | 61,148.                         | 831.                                   | 14,663.                     |
| <b>b</b> <b>AWARENESS ACTIVITIES</b>  | 74,556.               | 74,556.                         |  |                             |
| <b>c</b> <b>POSTAGE AND DELIVERY</b>  | 73,327.               | 59,784.                         | 1,448.                                 | 12,095.                     |
| <b>d</b> <b>BANK AND CREDIT CARD FE</b>   | 39,743.               | 14,595.                         |  | 25,148.                     |
| <b>e</b> All other expenses .....   | 126,352.              | 94,797.                         | 2,216.                                 | 29,339.                     |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 2,322,444.            | 1,992,482.                      | 124,504.                               | 205,458.                    |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                               |                       |                                 |  |                             |
| Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)   |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 462,810.                 | <b>1</b>   | 752,247.           |
|   | <b>2</b> Savings and temporary cash investments .....  | 669,866.                 | <b>2</b>   | 669,928.           |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>   |                    |
|   | <b>4</b> Accounts receivable, net .....  | 21,506.                  | <b>4</b>   | 87,290.            |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>   |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                    |
|   | <b>8</b> Inventories for sale or use .....   | 5,610.                   | <b>8</b>   | 7,239.             |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 20,396.                  | <b>9</b>   | 10,392.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 245,080.      |            |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 177,058.      | 108,268.   | <b>10c</b> 68,022. |
|   | <b>11</b> Investments - publicly traded securities .....   | 1,265,330.               | <b>11</b>  | 1,159,015.         |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets .....  | 49,557.                  | <b>14</b>  | 36,342.            |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 8,949.                   | <b>15</b>  | 8,949.             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 2,612,292.   | <b>16</b>                | 2,799,424. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 38,852.                  | <b>17</b>  | 46,534.            |
|   | <b>18</b> Grants payable .....   | 691,451.                 | <b>18</b>  | 281,250.           |
|   | <b>19</b> Deferred revenue .....   | 179,286.                 | <b>19</b>  | 296,545.           |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 138,704.                 | <b>25</b>  | 104,553.           |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 1,048,293.               | <b>26</b>  | 728,882.           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |            |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | 563,103.                 | <b>27</b>  | 1,069,646.         |
|   | <b>28</b> Net assets with donor restrictions .....   | 1,000,896.               | <b>28</b>  | 1,000,896.         |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |            |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>  |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>  |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>  |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 1,563,999.               | <b>32</b>  | 2,070,542.         |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 2,612,292.   | <b>33</b>                | 2,799,424. |                    |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 2,943,480. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 2,322,444. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 621,036.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 1,563,999. |
| 5  | Net unrealized gains (losses) on investments   | 5  | -114,493.  |
| 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 | 2,070,542. |

**Part XII Financial Statements and Reporting**

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

|  | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?   |     | 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:  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis  |     |    |
| b Were the organization's financial statements audited by an independent accountant?   | 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:   |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |     |    |
| c 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? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits     |     |    |

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization: **SJOGREN'S FOUNDATION, INC.** Employer identification number: **11-2779073**

**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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  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).**
- 4  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: \_\_\_\_\_
- 5  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).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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: \_\_\_\_\_
- 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:

**g Provide the following information about the supported organization(s).**

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |                          |
|---|----|--------------------------|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....   | 14 | %                        |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | <input type="checkbox"/> |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 1844508. | 3035820. | 2004952. | 2505185. | 2391109. | 11781574. |
| <b>2</b> 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 ..... | 383,928. | 331,972. | 357,683. | 368,639. | 434,297. | 1876519.  |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   | 2228436. | 3367792. | 2362635. | 2873824. | 2825406. | 13658093. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  | 1172598. | 2318228. | 1361236. | 791,081. | 742,203. | 6385346.  |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          | 0.        |
| <b>c</b> Add lines 7a and 7b .....  | 1172598. | 2318228. | 1361236. | 791,081. | 742,203. | 6385346.  |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          | 7272747.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   | 2228436. | 3367792. | 2362635. | 2873824. | 2825406. | 13658093. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... | 22,481.  | 24,943.  | 30,736.  | 20,326.  | 27,789.  | 126,275.  |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   | 22,481.  | 24,943.  | 30,736.  | 20,326.  | 27,789.  | 126,275.  |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  | 2,000.   | 632.     | 1,798.   | 12,486.  | 6,768.   | 23,684.   |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 2252917. | 3393367. | 2395169. | 2906636. | 2859963. | 13808052. |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | 52.67 % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....                       | <b>16</b> | 47.17 % |

**Section D. Computation of Investment Income Percentage**

|  |           |       |
|--|-----------|-------|
| <b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | .91 % |
| <b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....                         | <b>18</b> | .87 % |

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

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

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3.   | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2021 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

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

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**SJOGREN'S FOUNDATION, INC.**

Employer identification number

**11-2779073**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

|   |   |
|---|---|
| Name of organization<br><br><b>SJOGREN'S FOUNDATION, INC.</b> | Employer identification number<br><br><b>11-2779073</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <hr/> <hr/> <hr/>                 | \$ 122,130.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <hr/> <hr/> <hr/>                 | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <hr/> <hr/> <hr/>                 | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <hr/> <hr/> <hr/>                 | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <hr/> <hr/> <hr/>                 | \$ 35,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <hr/> <hr/> <hr/>                 | \$ 31,114.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><br><b>SJOGREN'S FOUNDATION, INC.</b> | Employer identification number<br><br><b>11-2779073</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | <br><hr/><br><hr/><br><hr/>       | \$ <u>30,693.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | <br><hr/><br><hr/><br><hr/>       | \$ <u>30,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | <br><hr/><br><hr/><br><hr/>       | \$ <u>25,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | <br><hr/><br><hr/><br><hr/>       | \$ <u>25,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | <br><hr/><br><hr/><br><hr/>       | \$ <u>20,385.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | <br><hr/><br><hr/><br><hr/>       | \$ <u>15,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><br><b>SJOGREN'S FOUNDATION, INC.</b> | Employer identification number<br><br><b>11-2779073</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 13         | <hr/><br><hr/><br><hr/>           | \$ 12,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | <hr/><br><hr/><br><hr/>           | \$ 11,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | <hr/><br><hr/><br><hr/>           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | <hr/><br><hr/><br><hr/>           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | <hr/><br><hr/><br><hr/>           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         | <hr/><br><hr/><br><hr/>           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|   |   |
|---|---|
| Name of organization<br><br><b>SJOGREN'S FOUNDATION, INC.</b> | Employer identification number<br><br><b>11-2779073</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 19         | <hr/><br><hr/><br><hr/>           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         | <hr/><br><hr/><br><hr/>           | \$ 8,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         | <hr/><br><hr/><br><hr/>           | \$ 8,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         | <hr/><br><hr/><br><hr/>           | \$ 6,231.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         | <hr/><br><hr/><br><hr/>           | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         | <hr/><br><hr/><br><hr/>           | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><br><b>SJOGREN'S FOUNDATION, INC.</b> | Employer identification number<br><br><b>11-2779073</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 25         | <hr/><br><hr/><br><hr/>           | \$ 5,150.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         | <hr/><br><hr/><br><hr/>           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         | <hr/><br><hr/><br><hr/>           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         | <hr/><br><hr/><br><hr/>           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         | <hr/><br><hr/><br><hr/>           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         | <hr/><br><hr/><br><hr/>           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><br><b>SJOGREN'S FOUNDATION, INC.</b> | Employer identification number<br><br><b>11-2779073</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 31         | <hr/><br><hr/><br><hr/>           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 32         | <hr/><br><hr/><br><hr/>           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 33         | <hr/><br><hr/><br><hr/>           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 34         | <hr/><br><hr/><br><hr/>           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 35         | <hr/><br><hr/><br><hr/>           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 36         | <hr/><br><hr/><br><hr/>           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><br><b>SJOGREN'S FOUNDATION, INC.</b> | Employer identification number<br><br><b>11-2779073</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 37         | <hr/><br><hr/><br><hr/>           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 38         | <hr/><br><hr/><br><hr/>           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 39         | <hr/><br><hr/><br><hr/>           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 40         | <hr/><br><hr/><br><hr/>           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 41         | <hr/><br><hr/><br><hr/>           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 42         | <hr/><br><hr/><br><hr/>           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><br><b>SJOGREN'S FOUNDATION, INC.</b> | Employer identification number<br><br><b>11-2779073</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 43         | <hr/> <hr/> <hr/>                 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 44         | <hr/> <hr/> <hr/>                 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><br><b>SJOGREN'S FOUNDATION, INC.</b> | Employer identification number<br><br><b>11-2779073</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 6                            | DONATION OF STOCK<br>_____<br>_____<br>_____ | \$ 31,114.                                      | 06/30/21             |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |

|   |   |
|---|---|
| Name of organization<br><br><b>SJOGREN'S FOUNDATION, INC.</b> | Employer identification number<br><br><b>11-2779073</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization **SJOGREN'S FOUNDATION, INC.** Employer identification number **11-2779073**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 1,000,896.       | 1,000,896.     | 1,072,896.         |                      |                     |
| b Contributions                                  |                  |                |                    | 1,122,896.           |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                | 72,000.            | 50,000.              |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 1,000,896.       | 1,000,896.     | 1,000,896.         | 1,072,896.           |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 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   |                                      | 166,103.                        | 100,741.                     | 65,362.        |
| d Equipment  |                                      | 78,977.                         | 76,317.                      | 2,660.         |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 68,022.        |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (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 |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other 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) <b>DEFERRED RENT</b>  | <b>39,178.</b>  |
| (3) <b>CAPITAL LEASE PAYABLE</b>  | <b>54.</b>      |
| (4) <b>DEFERRED TENANT ALLOWANCE</b>  | <b>65,321.</b>  |
| (5)   |                 |
| (6)   |                 |
| (7)   |                 |
| (8)   |                 |
| (9)   |                 |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | <b>104,553.</b> |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |            |            |
|----------|--|-----------|------------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>   | 2,851,896. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |            |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | -114,493.  |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |            |            |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |            |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |            |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | -114,493.  |            |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 2,966,389. |            |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |            |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> | 7,207.     |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | -30,116.   |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | -22,909.   |            |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 2,943,480. |            |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |            |            |
|----------|---|-----------|------------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>   | 2,345,353. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |            |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |            |            |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |            |            |
| <b>c</b> | Other losses  | <b>2c</b> |            |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 30,116.    |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 30,116.    |            |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 2,315,237. |            |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |            |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> | 7,207.     |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |            |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 7,207.     |            |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 2,322,444. |            |

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE FOUNDATION'S ENDOWMENT FUNDS CONSIST OF A BEQUEST THAT WAS RESTRICTED FOR THE PURPOSES OF RESEARCH.

**PART X, LINE 2:**

IN ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ACCOUNTING STANDARDS REQUIRE AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

|   |          |
|---|----------|
| RECLASSIFICATION OF COSTS OF GOODS SOLD | -17,990. |
| LOSS ON DISPOSAL OF ASSETS              | -12,126. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B   | -30,116. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

|   |         |
|---|---------|
| RECLASSIFICATION OF COSTS OF GOODS SOLD | 17,990. |
| LOSS ON DISPOSAL OF ASSETS              | 12,126. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D  | 30,116. |

**SCHEDULE G (Form 990)**

Department of the Treasury Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **SJOGREN'S FOUNDATION, INC.** Employer identification number **11-2779073**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    | ▶                                 |   |   |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- 
- 
- 
- 
- 
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- 
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- 
-

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1   | (b) Event #2                        | (c) Other events       | (d) Total events<br>(add col. (a) through col. (c)) |
|-----------------|----|--|-------------------------------------|------------------------|---|
|                 |    | WALKABOUTS<br>AND SIPS EVENINGS<br>(event type)              | PARTNER<br>PROGRAMS<br>(event type) | NONE<br>(total number) |   |
| Revenue         | 1  | Gross receipts   | 298,847.                            | 20,667.                | 319,514.  |
|                 | 2  | Less: Contributions  | 298,847.                            | 20,667.                | 319,514.  |
|                 | 3  | Gross income (line 1 minus line 2)                           |                                     |                        |   |
| Direct Expenses | 4  | Cash prizes  |                                     |                        |   |
|                 | 5  | Noncash prizes   |                                     |                        |   |
|                 | 6  | Rent/facility costs  |                                     |                        |   |
|                 | 7  | Food and beverages   |                                     |                        |   |
|                 | 8  | Entertainment  |                                     |                        |   |
|                 | 9  | Other direct expenses  | 19,007.                             |                        | 19,007.   |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |                                     |                        | 19,007.   |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |                                     |                        | -19,007.  |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo  | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c))                 |
|-----------------|---|--|---|---|---|
|                 |   |  |   |   |   |
| Revenue         | 1 | Gross revenue  |   |   |   |
|                 | 2 | Cash prizes  |   |   |   |
| Direct Expenses | 3 | Noncash prizes   |   |   |   |
|                 | 4 | Rent/facility costs  |   |   |   |
|                 | 5 | Other direct expenses  |   |   |   |
|                 | 6 | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)        |   |   |   |
|                 | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers? .....  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? .....  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
  - a The organization's facility ..... 

|            |   |
|------------|---|
| <b>13a</b> | % |
| <b>13b</b> | % |
  - b An outside facility .....
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_  
Gaming manager compensation ▶ \$ \_\_\_\_\_  
Description of services provided ▶ \_\_\_\_\_

- Director/officer     Employee     Independent contractor

**17** Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **SJOGREN'S FOUNDATION, INC.** Employer identification number **11-2779073**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government                        | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--|---------------------------------|---|--|--|---|
| THE BRIGHAM AND WOMEN'S HOSPITAL, INC. - 75 FRANCIS STREET - BOSTON, MA 02115-6110 | 04-2312909     | SECTION 501(C)(3)                      | 75,000.                         | 0.                                      | FMV  | N/A  | RESEARCH GRANT                            |
| JOHNS HOPKINS UNIVERSITY<br>3400 N. CHARLES ST.<br>BALTIMORE, MD 21218             | 52-0595110     | SECTION 501(C)(3)                      | 25,000.                         | 0.                                      | FMV  | N/A  | RESEARCH GRANT                            |
| UNIVERSITY OF WASHINGTON<br>BLOEDEL HALL, 060, BOX 352115<br>SEATTLE, WA 98195     | 91-6001537     | SECTION 501(C)(3)                      | 25,000.                         | 0.                                      | FMV  | N/A  | RESEARCH GRANT                            |
|  |                |  |                                 |   |  |  |   |
|  |                |  |                                 |   |  |  |   |
|  |                |  |                                 |   |  |  |   |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **3.**

**3** Enter total number of other organizations listed in the line 1 table **3.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

THE SJOGREN'S FOUNDATION ENCOURAGES AND SUPPORTS RESEARCH INTO SJOGREN'S BY OFFERING ANNUAL RESEARCH GRANTS. BOTH AWARD CATEGORIES ARE OPEN TO APPLICANTS AT U.S. INSTITUTIONS. GRANTS ARE AWARDED BY A PEER REVIEW PANEL OF SJOGREN'S RESEARCH PROFESSIONALS AND GRANTEES ARE REGULARLY REVIEWED THROUGHOUT THE GRANT CYCLE. OUR RESEARCH PROGRAM PROMOTES BASIC SCIENCE AND CLINICAL INVESTIGATIONS INTO THE CAUSE, PREVENTION, DIAGNOSIS, TREATMENT AND ULTIMATELY A CURE FOR THIS PREVALENT AUTOIMMUNE DISEASE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**SJOGREN'S FOUNDATION, INC.**

Employer identification number

**11-2779073**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No       |
|-----------|-----|----------|
| <b>1b</b> |     |          |
| <b>2</b>  |     |          |
| <b>4a</b> |     | <b>X</b> |
| <b>4b</b> |     | <b>X</b> |
| <b>4c</b> |     | <b>X</b> |
| <b>5a</b> |     | <b>X</b> |
| <b>5b</b> |     | <b>X</b> |
| <b>6a</b> |     | <b>X</b> |
| <b>6b</b> |     | <b>X</b> |
| <b>7</b>  |     | <b>X</b> |
| <b>8</b>  |     | <b>X</b> |
| <b>9</b>  |     |          |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title   |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) JANET CHURCH<br>PRESIDENT AND CEO                          | (i)  | 256,490.   | 30,000.                             | 0.                                  | 0.   | 9,264.                  | 295,754.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) KATHERINE MORLAND<br>VICE PRESIDENT OF MEDICAL & SCIENTIF  | (i)  | 154,860.   | 7,000.                              | 0.                                  | 2,145.   | 936.                    | 164,941.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) SHERIESE DEFRUSCIO<br>VICE PRESIDENT OF CORPORATE RELATION | (i)  | 110,416.   | 30,500.                             | 0.                                  | 3,534.   | 15,052.                 | 159,502.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) BEN BASLOE<br>VICE PRESIDENT OF PHILANTHROPY               | (i)  | 112,180.   | 24,500.                             | 0.                                  | 3,515.   | 17,861.                 | 158,056.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **SJOGREN ' S FOUNDATION , INC .** Employer identification number **11 - 2779073**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 4   | 64,051. FMV  |   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( )   |                            |   |  |   |
| 26 Other ( )   |                            |   |  |   |
| 27 Other ( )   |                            |   |  |   |
| 28 Other ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  | X   |    |
| 32a |     | X  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

SJOGREN'S FOUNDATION, INC.

Employer identification number

11-2779073

FORM 990, PART I, LINE 1

THE FOUNDATION'S MISSION IS TO PROVIDE EDUCATION AND RESOURCES TO  
SJOGREN'S PATIENTS AND THEIR LOVED ONES, PROVIDE CREDIBLE  
RESOURCES/EDUCATION TO HEALTHCARE PROFESSIONALS, SERVE AS THE VOICE FOR  
ALL SJOGREN'S PATIENTS AND LEAD AND FUND INNOVATIVE RESEARCH.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS WITHIN THE FOUNDATION INCLUDE STRATEGIC GOVERNANCE  
PROJECTS, CONFERENCES AND MEETINGS RELATED TO TOPICS RELEVANT TO THOSE  
WITH SJOGREN'S, AS WELL AS VARIOUS INDUSTRY AND MEMBERSHIP PROJECTS AND  
SERVICES FOR THOSE WITH SJOGREN'S OR ENTITIES PROVIDING SUPPORT TO  
THOSE INDIVIDUALS.

EXPENSES \$ 710,382. INCLUDING GRANTS OF \$ 0. REVENUE \$ 417,058.

FORM 990, PART VI, SECTION B, LINE 11B:

BOARD MEMBERS WILL HAVE A WEEK TO REVIEW 990 AND MAKE COMMENTS BEFORE IT IS  
FILED. THE 990 WILL BE READ BY THE CHIEF EXECUTIVE OFFICER BEFORE IT IS  
SIGNED.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, OFFICER, COMMITTEE MEMBER OR EMPLOYEE MUST ANNUALLY REVIEW A  
COPY OF THIS POLICY AND SHALL BE REMINDED OF THE OBLIGATION TO CONFORM TO  
IT. EACH COVERED PERSON MUST ANNUALLY COMPLETE A CONFLICT OF INTEREST  
INFORMATION FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES  
IN WHICH THE COVERED PERSON IS INVOLVED THAT HE OR SHE BELIEVES COULD

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

Schedule O (Form 990) 2021



|  |  |
|--|--|
| Name of the organization<br>SJOGREN'S FOUNDATION, INC. | Employer identification number<br>11-2779073 |
|--|--|

CREATE A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

BOARD ANNUALLY REVIEWS COMPARABLE SALARY AND BONUS INFORMATION AND COMPARES CEO SALARY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CO, FL, IL, MD, MN, MS, NH, OH, OR, TN, UT, VA, WA, WV

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIALS ARE POSTED ON THE FOUNDATION'S WEBSITE FOR DONORS, PATIENTS AND VISITORS TO REVIEW. GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST, ETC. ARE ALL AVAILABLE BY CONTACTING THE MAIN OFFICE, FREE OF CHARGE. ALSO THE COPIES OF OUR 990S AND FINANCIALS ARE AVAILABLE BY CONTACTING THE MAIN OFFICE.

FORM 990, PART XII, LINE 2C

THE FOUNDATION HAS NOT CHANGED THIS PROCESS FROM THE PRIOR YEAR. THE BOARD OF DIRECTORS IS RESPONSIBLE FOR OVERSIGHT OVER THE INDEPENDENT AUDIT AND SELECTION OF THE INDEPENDENT AUDITORS.

2021 DEPRECIATION AND AMORTIZATION REPORT

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| Asset No. | Description   | Date Acquired | Method | Life | C<br>o<br>n<br>v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|---|---------------|--------|------|------------------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
|           | OFFICE AND COMPUTER EQUIPMENT                       |               |        |      |                  |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 1         | FURNITURE   | 07/01/98      | SL     | 5.00 |                  | 16       | 6,553.                   |            |                     |                      | 6,553.                 | 6,553.                             |                         | 0.                     | 6,553.                          |
| 49        | HARDWARE: 520 2.8 GHZ, 1MB CACHE SERVER             | 07/19/05      | SL     | 5.00 |                  | 16       | 2,205.                   |            |                     |                      | 2,205.                 | 2,205.                             |                         | 0.                     | 2,205.                          |
| 57        | RAISER'S EDGE SOFTWARE                              | 08/31/06      | SL     | 3.00 |                  | 16       | 4,500.                   |            |                     |                      | 4,500.                 | 4,500.                             |                         | 0.                     | 4,500.                          |
| 64        | OFFICE FURNITURE                                    | 09/01/06      | SL     | 7.00 |                  | 16       | 11,683.                  |            |                     |                      | 11,683.                | 11,683.                            |                         | 0.                     | 11,683.                         |
| 65        | OFFICE FURNITURE                                    | 03/20/07      | SL     | 7.00 |                  | 16       | 3,555.                   |            |                     |                      | 3,555.                 | 3,555.                             |                         | 0.                     | 3,555.                          |
| 87        | DELL POWEREDGE T310-SERVER                          | 05/26/11      | SL     | 5.00 |                  | 16       | 2,611.                   |            |                     |                      | 2,611.                 | 2,611.                             |                         | 0.                     | 2,611.                          |
| 91        | HOSTED EMAIL  | 02/02/11      | SL     | 3.00 |                  | 16       | 2,197.                   |            |                     |                      | 2,197.                 | 2,197.                             |                         | 0.                     | 2,197.                          |
| 113       | WIRING NEW OFFICE                                   | 12/18/17      | SL     | 5.00 |                  | 16       | 8,180.                   |            |                     |                      | 8,180.                 | 4,908.                             |                         | 1,636.                 | 6,544.                          |
|           | * 990 PAGE 10 TOTAL - OFFICE AND COMPUTER EQUIPMENT |               |        |      |                  |          | 41,484.                  |            |                     |                      | 41,484.                | 38,212.                            |                         | 1,636.                 | 39,848.                         |
|           | WEBSITE DEVELOPMENT                                 |               |        |      |                  |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 126       | WEBSITE REDESIGN                                    | 04/01/20      | SL     | 5.00 |                  | 16       | 66,075.                  |            |                     |                      | 66,075.                | 16,518.                            |                         | 13,215.                | 29,733.                         |
|           | * 990 PAGE 10 TOTAL - WEBSITE DEVELOPMENT           |               |        |      |                  |          | 66,075.                  |            |                     |                      | 66,075.                | 16,518.                            |                         | 13,215.                | 29,733.                         |
|           | LEASEHOLD IMPROVEMENTS                              |               |        |      |                  |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 119       | LEASEHOLD IMPROVEMENTS                              | 01/01/18      | SL     | 7.42 |                  | 16       | 166,103.                 |            |                     |                      | 166,103.               | 78,355.                            |                         | 22,386.                | 100,741.                        |
|           | * 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENTS        |               |        |      |                  |          | 166,103.                 |            |                     |                      | 166,103.               | 78,355.                            |                         | 22,386.                | 100,741.                        |
|           | EQUIPMENT UNDER CAPITAL LEASE                       |               |        |      |                  |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 94        | PITNEY BOWES POSTAGE METER                          | 02/01/11      | SL     | 5.00 |                  | 16       | 17,000.                  |            |                     |                      | 17,000.                | 17,000.                            |                         | 0.                     | 17,000.                         |

128111 04-01-21

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

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| Asset No. | Description   | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|---|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 118       | NEW COPIER  | 10/05/17      | SL     | 5.00 |      | 16       | 20,493.                  |            |                     |                      | 20,493.                | 15,370.                            |                         | 4,099.                 | 19,469.                         |
|           | * 990 PAGE 10 TOTAL -<br>EQUIPMENT UNDER CAPITAL LEAS |               |        |      |      |          | 37,493.                  |            |                     |                      | 37,493.                | 32,370.                            |                         | 4,099.                 | 36,469.                         |
|           | * GRAND TOTAL 990 PAGE 10<br>DEPR                     |               |        |      |      |          | 311,155.                 |            |                     |                      | 311,155.               | 165,455.                           |                         | 41,336.                | 206,791.                        |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           |   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |

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

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**SJOGREN'S FOUNDATION, INC.**

EIN or SSN

**11-2779073**

Name and title of officer or person subject to tax

**JANET CHURCH  
CHIEF EXECUTIVE OFFICER**

### Part I Type of Return and Return Information

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>1a</b> Form 990 check here      | <input type="checkbox"/>            | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)     | <b>1b</b> _____     |
| <b>2a</b> Form 990-EZ check here   | <input type="checkbox"/>            | <b>b</b> Total revenue, if any (Form 990-EZ, line 9)                          | <b>2b</b> _____     |
| <b>3a</b> Form 1120-POL check here | <input type="checkbox"/>            | <b>b</b> Total tax (Form 1120-POL, line 22)                                   | <b>3b</b> _____     |
| <b>4a</b> Form 990-PF check here   | <input type="checkbox"/>            | <b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)         | <b>4b</b> _____     |
| <b>5a</b> Form 8868 check here     | <input type="checkbox"/>            | <b>b</b> Balance due (Form 8868, line 3c)                                     | <b>5b</b> _____     |
| <b>6a</b> Form 990-T check here    | <input checked="" type="checkbox"/> | <b>b</b> Total tax (Form 990-T, Part III, line 4)                             | <b>6b</b> <u>0.</u> |
| <b>7a</b> Form 4720 check here     | <input type="checkbox"/>            | <b>b</b> Total tax (Form 4720, Part III, line 1)                              | <b>7b</b> _____     |
| <b>8a</b> Form 5227 check here     | <input type="checkbox"/>            | <b>b</b> FMV of assets at end of tax year (Form 5227, Item D)                 | <b>8b</b> _____     |
| <b>9a</b> Form 5330 check here     | <input type="checkbox"/>            | <b>b</b> Tax due (Form 5330, Part II, line 19)                                | <b>9b</b> _____     |
| <b>10a</b> Form 8038-CP check here | <input type="checkbox"/>            | <b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) | <b>10b</b> _____    |

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 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

I authorize **RENNER AND COMPANY CPA, P.C.** to enter my PIN **79073**  
ERO firm name Enter five numbers, but 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 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 my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

### 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.

**54672456755**

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.

ERO's signature ▶ **ANDREW E. YOUNG, CPA**

Date ▶ **11/10/22**

**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)

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

|  |   |               |  |   |
|--|---|---------------|--|---|
| <b>A</b> <input type="checkbox"/> Check box if address changed.            | <b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3)<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A | Print or Type | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>SJOGREN'S FOUNDATION, INC.</b><br>Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>10701 PARKRIDGE BLVD, 170</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>RESTON, VA 20191</b> | <b>D</b> Employer identification number<br><b>11-2779073</b><br><br><b>E</b> Group exemption number (see instructions)<br><br><b>F</b> <input type="checkbox"/> Check box if an amended return. |
| <b>C</b> Book value of all assets at end of year ..... ▶ <b>2,803,267.</b> |   |               |  |   |

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **SJOGREN'S FOUNDATION** Telephone number ▶ **301-530-4420**

**Part I Total Unrelated Business Taxable Income**

|  |    |        |
|--|----|--------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....               | 1  | 0.     |
| 2 Reserved .....   | 2  |        |
| 3 Add lines 1 and 2 .....  | 3  |        |
| 4 Charitable contributions (see instructions for limitation rules) .....   | 4  | 0.     |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....                             | 5  |        |
| 6 Deduction for net operating loss. See instructions .....   | 6  |        |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 ..... | 7  |        |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....  | 8  | 1,000. |
| 9 <b>Trusts.</b> Section 199A deduction. See instructions .....  | 9  |        |
| 10 <b>Total deductions.</b> Add lines 8 and 9 .....  | 10 | 1,000. |
| 11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....       | 11 | 0.     |

**Part II Tax Computation**

|   |   |    |
|---|---|----|
| 1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....  | 1 | 0. |
| 2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... | 2 |    |
| 3 <b>Proxy tax.</b> See instructions .....  | 3 |    |
| 4 Other tax amounts. See instructions .....   | 4 |    |
| 5 Alternative minimum tax (trusts only) .....   | 5 |    |
| 6 <b>Tax on noncompliant facility income.</b> See instructions .....  | 6 |    |
| 7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....   | 7 | 0. |

LHA For Paperwork Reduction Act Notice, see instructions.

|  |       |
|--|-------|
| <b>Part III Tax and Payments</b>   |       |
| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....   | 1a    |
| b Other credits (see instructions) .....   | 1b    |
| c General business credit. Attach Form 3800 (see instructions) .....   | 1c    |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) .....   | 1d    |
| e <b>Total credits.</b> Add lines 1a through 1d .....  | 1e    |
| 2 Subtract line 1e from Part II, line 7 .....  | 2 0.  |
| 3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866<br><input type="checkbox"/> Other (attach statement) ..... | 3     |
| 4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....   | 4 0.  |
| 5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....  | 5 0.  |
| 6a Payments: A 2020 overpayment credited to 2021 .....   | 6a    |
| b 2021 estimated tax payments. Check if section 643(g) election applies .....  | 6b    |
| c Tax deposited with Form 8868 .....   | 6c    |
| d Foreign organizations: Tax paid or withheld at source (see instructions) .....   | 6d    |
| e Backup withholding (see instructions) .....  | 6e    |
| f Credit for small employer health insurance premiums (attach Form 8941) .....   | 6f    |
| g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....   | 6g    |
| <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other .....  | Total |
| 7 <b>Total payments.</b> Add lines 6a through 6g .....   | 7     |
| 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....   | 8     |
| 9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....  | 9     |
| 10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....  | 10    |
| 11 Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> .....   | 11    |

|  |     |                                   |    |
|--|-----|-----------------------------------|----|
| <b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)  |     |                                   |    |
| 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ ..... | Yes |                                   | No |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....  |     |                                   | X  |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year .....  |     | \$ .....                          |    |
| 4 Enter available pre-2018 NOL carryovers here ▶ \$ .....  |     | \$ .....                          |    |
| 5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.   |     |                                   |    |
| Business Activity Code   |     | Available post-2017 NOL carryover |    |
|  |     | \$                                |    |
|  |     | \$                                |    |
| 6a Did the organization change its method of accounting? (see instructions) .....  |     |                                   | X  |
| b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....  |     |                                   |    |

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

|                               |  |   |   |  |
|-------------------------------|--|---|---|--|
| <b>Sign Here</b>              | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |   |   |  |
|                               | Signature of officer<br>_____<br>Date  | CHIEF EXECUTIVE OFFICER<br>_____<br>Title           | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>ANDREW E. YOUNG, CPA</b>  | Preparer's signature<br><b>ANDREW E. YOUNG, CPA</b> | Date<br><b>11/10/22</b>   | Check <input type="checkbox"/> if self-employed PTIN<br><b>P01203950</b> |
|                               | Firm's name ▶ <b>RENNER AND COMPANY CPA, P.C.</b>  |   | Firm's EIN ▶ <b>54-1498950</b>  |  |
|                               | Firm's address ▶ <b>700 NORTH FAIRFAX STREET SUITE 400 ALEXANDRIA, VA 22314</b>  |   | Phone no. <b>(703) 535-1200</b>   |  |

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1

OMB No. 1545-0047

2021

Open to Public Inspection for  
501(c)(3) Organizations Only

|  |  |
|--|--|
| <b>A</b> Name of the organization<br><b>SJOGREN ' S FOUNDATION , INC .</b>   | <b>B</b> Employer identification number<br><b>11-2779073</b> |
| <b>C</b> Unrelated business activity code (see instructions) ▶ <b>541800</b> | <b>D</b> Sequence: <b>1</b> of <b>1</b>                      |

**E** Describe the unrelated trade or business ▶ **ADVERTISING**

| <b>Part I</b> Unrelated Trade or Business Income   | (A) Income | (B) Expenses | (C) Net |
|--|------------|--------------|---------|
| <b>1 a</b> Gross receipts or sales _____   |            |              |         |
| <b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶                                      | <b>1c</b>  |              |         |
| <b>2</b> Cost of goods sold (Part III, line 8) .....   | <b>2</b>   |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c .....  | <b>3</b>   |              |         |
| <b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions ..... | <b>4a</b>  |              |         |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)                         | <b>4b</b>  |              |         |
| <b>c</b> Capital loss deduction for trusts .....   | <b>4c</b>  |              |         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....             | <b>5</b>   |              |         |
| <b>6</b> Rent income (Part IV) .....   | <b>6</b>   |              |         |
| <b>7</b> Unrelated debt-financed income (Part V) .....   | <b>7</b>   |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....  | <b>8</b>   |              |         |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....       | <b>9</b>   |              |         |
| <b>10</b> Exploited exempt activity income (Part VIII) .....                                       | <b>10</b>  |              |         |
| <b>11</b> Advertising income (Part IX) .....   | 20,500.    | 9,892.       | 10,608. |
| <b>12</b> Other income (see instructions; attach statement) .....                                  |            |              |         |
| <b>13 Total.</b> Combine lines 3 through 12 .....  | 20,500.    | 9,892.       | 10,608. |

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

|  |           |  |           |
|--|-----------|--|-----------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X) .....  | <b>1</b>  |  |           |
| <b>2</b> Salaries and wages .....  | <b>2</b>  |  |           |
| <b>3</b> Repairs and maintenance .....   | <b>3</b>  |  |           |
| <b>4</b> Bad debts .....   | <b>4</b>  |  |           |
| <b>5</b> Interest (attach statement). See instructions .....   | <b>5</b>  |  |           |
| <b>6</b> Taxes and licenses .....  | <b>6</b>  |  |           |
| <b>7</b> Depreciation (attach Form 4562). See instructions .....   | <b>7</b>  |  |           |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return .....   | <b>8a</b> |  | <b>8b</b> |
| <b>9</b> Depletion .....   | <b>9</b>  |  |           |
| <b>10</b> Contributions to deferred compensation plans .....   | <b>10</b> |  |           |
| <b>11</b> Employee benefit programs .....  | <b>11</b> |  |           |
| <b>12</b> Excess exempt expenses (Part VIII) .....   | <b>12</b> |  |           |
| <b>13</b> Excess readership costs (Part IX) .....  | <b>13</b> |  | 10,608.   |
| <b>14</b> Other deductions (attach statement) .....  | <b>14</b> |  |           |
| <b>15 Total deductions.</b> Add lines 1 through 14 .....   | <b>15</b> |  | 10,608.   |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) ..... | <b>16</b> |  | 0.        |
| <b>17</b> Deduction for net operating loss. See instructions .....   | <b>17</b> |  | 0.        |
| <b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....   | <b>18</b> |  |           |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

|  |   |  |
|--|---|--|
| 1 Inventory at beginning of year .....   | 1 |  |
| 2 Purchases .....  | 2 |  |
| 3 Cost of labor .....  | 3 |  |
| 4 Additional section 263A costs (attach statement) .....   | 4 |  |
| 5 Other costs (attach statement) .....   | 5 |  |
| 6 <b>Total.</b> Add lines 1 through 5 .....  | 6 |  |
| 7 Inventory at end of year .....   | 7 |  |
| 8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....   | 8 |  |
| 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float: right;">..... <input type="checkbox"/> Yes <input type="checkbox"/> No</span> |   |  |

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

|   | A | B | C | D  |
|---|---|---|---|----|
| 2 Rent received or accrued  |   |   |   |    |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....                               |   |   |   |    |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....     |   |   |   |    |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....   |   |   |   |    |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) <span style="float: right;">▶</span> |   |   |   | 0. |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....   |   |   |   |    |
| 5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <span style="float: right;">▶</span>          |   |   |   | 0. |

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

|  | A | B | C | D  |
|--|---|---|---|----|
| 2 Gross income from or allocable to debt-financed property .....   |   |   |   |    |
| 3 Deductions directly connected with or allocable to debt-financed property  |   |   |   |    |
| a Straight line depreciation (attach statement) .....  |   |   |   |    |
| b Other deductions (attach statement) .....  |   |   |   |    |
| c Total deductions (add lines 3a and 3b, columns A through D) .....  |   |   |   |    |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....  |   |   |   |    |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....  |   |   |   |    |
| 6 Divide line 4 by line 5 .....  | % | % | % | %  |
| 7 Gross income reportable. Multiply line 2 by line 6 .....   |   |   |   |    |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float: right;">▶</span>         |   |   |   | 0. |
| 9 Allocable deductions. Multiply line 3c by line 6   |   |   |   |    |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <span style="float: right;">▶</span> |   |   |   | 0. |
| 11 <b>Total dividends-received deductions</b> included in line 10 <span style="float: right;">▶</span>   |   |   |   | 0. |



**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

|                                    |   | Exempt Controlled Organizations                   |  |   |  |
|------------------------------------|---|---|--|---|--|
| 1. Name of controlled organization | 2. Employer identification number                 | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made  | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
| Nonexempt Controlled Organizations |   |   |  |   |  |
| 7. Taxable Income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made               | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                          |  |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
|                                    |   |   | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                   | Add columns 6 and 11. Enter here and on Part I, line 8, column (B)                  |  |
| <b>Totals</b>                      |   |   | 0.   | 0.  |  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement)                   | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                 |
|--------------------------|---------------------|---|----------------------------------|---|
| (1)                      |                     |   |                                  |   |
| (2)                      |                     |   |                                  |   |
| (3)                      |                     |   |                                  |   |
| (4)                      |                     |   |                                  |   |
|                          |                     | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| <b>Totals</b>            |                     | 0.  |                                  | 0.  |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |  |   |  |
|---|--|---|--|
| 1 | Description of exploited activity: _____   |   |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....                                    | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....                  | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....                   | 4 |  |
| 5 | Gross income from activity that is not unrelated business income .....   | 5 |  |
| 6 | Expenses attributable to income entered on line 5 .....  | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 ..... | 7 |  |

**Part IX Advertising Income**

**STATEMENT 1**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A  CONQUERING SJOGREN'S

B

C

D

Enter amounts for each periodical listed above in the corresponding column.

|  | A       | B | C | D       |
|--|---------|---|---|---------|
| 2 Gross advertising income   | 20,500. |   |   |         |
| Add columns A through D. Enter here and on Part I, line 11, column (A) |         |   |   | 20,500. |

|  |        |  |  |        |
|--|--------|--|--|--------|
| a  |        |  |  |        |
| 3 Direct advertising costs by periodical                                 | 9,892. |  |  |        |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) |        |  |  | 9,892. |

|   |          |  |  |         |
|---|----------|--|--|---------|
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 | 10,608.  |  |  |         |
| 5 Readership costs  | 186,139. |  |  |         |
| 6 Circulation income  | 21,092.  |  |  |         |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero  | 165,047. |  |  |         |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7  | 10,608.  |  |  |         |
| a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13   |          |  |  | 10,608. |

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name                                  | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|---|--|
| (1)                                      |          | %   |  |
| (2)                                      |          | %   |  |
| (3)                                      |          | %   |  |
| (4)                                      |          | %   |  |
| Total. Enter here and on Part II, line 1 |          |   | 0.   |

**Part XI Supplemental Information** (see instructions)

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SEPARATE PERIODICALS INCLUDED IN  
A CONSOLIDATED PERIODICAL

STATEMENT 1

|                      | GROSS<br>INCOME | DIRECT<br>COSTS | CIRC.<br>INCOME | RDRSHIP<br>COSTS |
|----------------------|-----------------|-----------------|-----------------|------------------|
| CONQUERING SJOGREN'S | -               | 9,892.          | 21,092.         | 186,139.         |
| SUBTOTAL             | 20,500.         | 9,892.          | 21,092.         | 186,139.         |

# Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-T**

**2021**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

|  |   |
|--|---|
| Name<br><b>SJOGREN 'S FOUNDATION, INC.</b> | Employer identification number<br><b>11-2779073</b> |
|--|---|

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

|  |           |           |  |
|--|-----------|-----------|--|
| 1 Total tax (see instructions) .....   |           | <b>1</b>  |  |
| 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....   | <b>2a</b> |           |  |
| b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....  | <b>2b</b> |           |  |
| c Credit for federal tax paid on fuels (see instructions) .....  | <b>2c</b> |           |  |
| d <b>Total.</b> Add lines 2a through 2c .....  |           | <b>2d</b> |  |
| 3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....   |           | <b>3</b>  |  |
| 4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 ..... |           | <b>4</b>  |  |
| 5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....  |           | <b>5</b>  |  |

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

|   |           | (a) | (b) | (c) | (d) |
|---|-----------|-----|-----|-----|-----|
| 9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....   | <b>9</b>  |     |     |     |     |
| 10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column ..... | <b>10</b> |     |     |     |     |
| 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....  | <b>11</b> |     |     |     |     |
| <b>Complete lines 12 through 18 of one column before going to the next column.</b>  |           |     |     |     |     |
| 12 Enter amount, if any, from line 18 of the preceding column   | <b>12</b> |     |     |     |     |
| 13 Add lines 11 and 12 .....  | <b>13</b> |     |     |     |     |
| 14 Add amounts on lines 16 and 17 of the preceding column   | <b>14</b> |     |     |     |     |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- .....  | <b>15</b> |     |     |     |     |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....  | <b>16</b> |     |     |     |     |
| 17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....   | <b>17</b> |     |     |     |     |
| 18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....  | <b>18</b> |     |     |     |     |

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

**Part IV Figuring the Penalty**

|  | (a)          | (b) | (c) | (d) |
|--|--------------|-----|-----|-----|
| <b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.<br><b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month.<br><b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... <b>19</b> |              |     |     |     |
| <b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....   | <b>20</b>    |     |     |     |
| <b>21</b> Number of days on line 20 after 4/15/2021 and before 7/1/2021 .....  | <b>21</b>    |     |     |     |
| <b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$ ...   | <b>22</b> \$ | \$  | \$  | \$  |
| <b>23</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....   | <b>23</b>    |     |     |     |
| <b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$ ...   | <b>24</b> \$ | \$  | \$  | \$  |
| <b>25</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....  | <b>25</b>    |     |     |     |
| <b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$ ...   | <b>26</b> \$ | \$  | \$  | \$  |
| <b>27</b> Number of days on line 20 after 12/31/2021 and before 4/1/2022 .....   | <b>27</b>    |     |     |     |
| <b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...   | <b>28</b> \$ | \$  | \$  | \$  |
| <b>29</b> Number of days on line 20 after 3/31/2022 and before 7/1/2022 .....  | <b>29</b>    |     |     |     |
| <b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....   | <b>30</b> \$ | \$  | \$  | \$  |
| <b>31</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022 .....   | <b>31</b>    |     |     |     |
| <b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....   | <b>32</b> \$ | \$  | \$  | \$  |
| <b>33</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023 .....  | <b>33</b>    |     |     |     |
| <b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....   | <b>34</b> \$ | \$  | \$  | \$  |
| <b>35</b> Number of days on line 20 after 12/31/2022 and before 3/16/2023 .....  | <b>35</b>    |     |     |     |
| <b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....   | <b>36</b> \$ | \$  | \$  | \$  |
| <b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....   | <b>37</b> \$ | \$  | \$  | \$  |
| <b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....   | <b>38</b> \$ |     |     | 0.  |

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

Department of the Treasury  
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**SJOGREN'S FOUNDATION, INC.**

**FORM 990 PAGE 10**

**11-2779073**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            | 1,050,000.       |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation   | 3                            | 2,620,000.       |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2020 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5   | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12   | 13                           |                  |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

|    |  |    |         |
|----|--|----|---------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 |         |
| 15 | Property subject to section 168(f)(1) election   | 15 |         |
| 16 | Other depreciation (including ACRS)  | 16 | 41,336. |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

|    |   |    |                          |
|----|---|----|--------------------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2021  | 17 |                          |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    | <input type="checkbox"/> |

**Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a                            | 3-year property                      |  |                     |                |            |                            |
| b                              | 5-year property                      |  |                     |                |            |                            |
| c                              | 7-year property                      |  |                     |                |            |                            |
| d                              | 10-year property                     |  |                     |                |            |                            |
| e                              | 15-year property                     |  |                     |                |            |                            |
| f                              | 20-year property                     |  |                     |                |            |                            |
| g                              | 25-year property                     |  | 25 yrs.             |                | S/L        |                            |
| h                              | Residential rental property          | /  | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      | /  | 27.5 yrs.           | MM             | S/L        |                            |
| i                              | Nonresidential real property         | /  | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      | /  |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

|     |            |   |         |    |     |  |
|-----|------------|---|---------|----|-----|--|
| 20a | Class life |   |         |    | S/L |  |
| b   | 12-year    |   | 12 yrs. |    | S/L |  |
| c   | 30-year    | / | 30 yrs. | MM | S/L |  |
| d   | 40-year    | / | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |  |    |         |
|----|--|----|---------|
| 21 | Listed property. Enter amount from line 28   | 21 |         |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 41,336. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |         |

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 columns for vehicle-specific data (a-f) and availability (Yes/No).

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 3 columns (Yes, No, and a shaded area).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2021 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2021 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44